



Consent for Treatment for Hair Reduction/Modification with Spectrum 810 diode Laser System

I, _____, authorize and consent to the treatment of hair reduction/modification with the Spectrum 810nm Diode laser System manufactured by Rohrer Aesthetics, LLC.

I have been advised by, _____ of North Sunflower Cosmetics, of the purported advantages and disadvantages associated with this treatment. _____ (initials)

I certify that I do not have any of the following conditions which are CONTRAINDICATIONS to laser hair removal: history of melanoma, raised moles, suspicious lesions, keloid scar formation, healing problems, active infections, open lesions, hives, active herpetic lesions or cold sores, tattoos or permanent make-up in area of treatment, recent use of Accutane, tetracycline, or St. John's wort in the last year, autoimmune diseases such as Lupus, Scleroderma, Vitiligo. _____ (initials)

I certify that I am not pregnant or breastfeeding. _____ (initials)

I understand that treatment with this laser system varies from patient to patient and that more than one treatment may be required. _____ (initials)

I have informed my technician of any recent sun exposure, and understand the risk of adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes, and trace scarring can occur. _____ (initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure. _____ (initials)

I understand that the possible benefits are the reduction and possibly the elimination of unwanted body hair. _____ (initials)

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes. _____ (initials)

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. _____ (initials)

I hereby authorize the taking of photographs. _____ (initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician, and the treating technician, and the staff at the office of North Sunflower Cosmetics from any and all liability, damages, cost and expenses arising from or out of the use of the Spectrum 810mm Diode Laser for treatment of hair reduction/modification. _____ (initials)

With all of the above information understood, I am choosing to be treated with the Spectrum 810nm Diode laser System.

Signature

Print Name

Date