

Noosa Laser Clinic Client Consent Form

First Name: _____ Last Name _____

Address: _____

State _____ Suburb: _____ Postcode: _____

Date of Birth: _____ Email Address: _____

Contact Number: _____

_____ I confirm that I am over 18 years old (or have Parent/Guardian consent).

_____ I consent to have Laser Hair reduction treatment through Noosa Laser Clinic.

_____ I understand that I will need to have multiple treatments to achieve and obtain optimal results.

_____ I am aware that results cannot be guaranteed.

_____ I have advised my technician of all my current medications.

_____ I have also advised of all the treatments and products that I have used on the treatment area in the past seven days.

_____ I agree to wear metal protective eye shields during the treatment.

_____ I understand that for 72 hours post treatment I should:

- Keep Hydrated
- Apply an ice pack to the area to reduce heat and possible swelling.
- Avoid hot showers, saunas and spas.
- Avoid exercise and swimming.
- Avoid exfoliation in that area.
- Apply a broad spectrum sunscreen to the area (if area is exposed to the sun).

_____ I understand that failure to follow the above instructions could lead to potential complications from this treatment.

_____ I have been provided with an after care information sheet for Laser Hair reduction.

_____ I understand that the following risks and complications from this treatment:

- Erythema (redness) lasting up to 72 hours
- Hyperpigmentation (darker patches of pigment) on the skin which has the potential to be permanent
- Hypopigmentation (lighter patches of pigment) on the skin which has the potential to be permanent
- Infection leading to a scar if I do not care for the area correctly

_____ The treatment and the risks have been explained to me.

_____ I have had all my questions answered and freely consent to the treatment.

Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to laser may occur.

Client name (please print) _____

Client Signature: _____ Date: _____

Technician's Signature: _____ Date: _____

