

INDULGENCE STUDIO LTD

Laser Hair Removal Treatment

Client Consent Form – Ongoing Treatments

Please complete the form below to the best of your ability. Forms can be submitted in person at the time of your appointment or sent via e-mail to: info@indulgencestudio.ca

I clearly understand and accept the following:

1. The goal of the treatment is improvement, not perfection. I understand there will be some hair left over at the end of my treatments. The amount of hair remaining is relative to the fluency (energy). I can tolerate, the colour, amount and location of my hair. Average loss at the end of the treatment sessions is usually 70-95%. Up to 20% of the population does not respond to any laser treatments and this cannot be determined until after the second treatment.
2. There may be more treatments necessary than I anticipated.
3. The Lightsheer Diode has shown in studies to remove hair permanently, but results vary from person to person.
4. Studies have shown the diameter of leftover hair can be 39-50% smaller.
5. I agree to pay the fee quoted and understand that all fees paid are non-refundable.
6. I agree to have clinical photos taken of the area to be treated. I require written permission prior to my photos being used for public information, study or display.
7. Studies have shown that Lightsheer treatments have a low incidence of complications. These may include:
 - a. Incidence of scarring is less than 0.1 %.
 - b. There is a 10-20% chance of hypo /hyper pigmentation, which is usually temporary and normally resolves within 2-8mths.
 - c. Redness, swelling and heat are a normal response and usually fade in 24-48hrs.
 - d. Minor burns, blisters and weeping skin can occur and usually heal within 1 week.
 - e. Freckles and brown spots may permanently or temporarily lighten or darken.
 - f. New reports have shown that women who undergo facial treatments have a 10-20% chance of stimulation of hair growth on the neck area and it may not resolve with further treatments.
 - g. Pimples
 - h. Intra-epidermal blisters
8. I understand that if I have a history of cold sores or genital herpes I will require pre and post treatment with anti viral treatments.
9. I understand that I am responsible to provide my own Emla™ (Topical anesthesia)
10. I agree that I have not tweezed, waxed, threaded or had electrolysis in the past 4 weeks.
11. I agree to not tan while undergoing laser treatments as that may impede the treatment success. I agree to protect my skin with at least a minimum of 60 SPF.

I have had the Laser Treatment process explained to me. I understand the potential benefits and complications that may be involved and willingly agree.

Client Name (Please Print): _____

Client Signature: **x** _____

Dated: _____, 2021

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Ongoing Laser Hair Removal Treatments

I am aware that the treatment of the above-indicated area(s) is part of a treatment plan which has been discussed with me by my technician. I confirm that, on the following date(s), the technician has reviewed the treatment plan and I provide my informed consent.

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Continued...

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Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Date Of Treatment: _____, 2021

Legal Name (Please Print): _____

Preferred Name (Please Print): _____

Client Signature: **x** _____

Indulgence Studio Ltd. will comply, and require its representatives to comply, with all applicable federal and provincial data protection and privacy laws and regulations in the maintenance, disclosure and use of all personal information contained herein or otherwise provided to Indulgence Studio Ltd.