

Ann's Serenity Day Spa & Salon

LamProbe Consent Form

Please circle any of your concerns:

- | | | | |
|----------------------------|---------------------------------|----------------|---------------------|
| *Sun damage | *Skin tags | *Freckles | *Brown spots |
| *Hard bumps under the skin | * Blackheads/milia (whiteheads) | *Acne cysts | |
| *Clogged pores | *Raised brown spots | * Cherry spots | *Broken capillaries |
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Consent:

The undersigned acknowledges that _____ has explained the nature of all the treatment risks and dangers infection such as: hyper or hypo pigmentation, redness, edema, or bruising. As in any cosmetic procedure, the treatment goal is for aesthetic improvement, not perfection. The number of treatments necessary will vary between individuals and the areas being treated. Several factors including skin color, age, hormonal activity, inherited conditions, and other influences may decrease the effectiveness of treatments.

Please read and initial the following:

_____ I understand that the LamProbe treatment uses a small amount of electrical current in the form of radio frequency applied through a needle.

_____ I confirm that I have not taken Accutane for at least six months.

_____ I consent to the taking of photographs throughout the course of my LamProbe treatment for use in my chart and promotional material.

_____ I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications and I understand that no guarantee can be given as to the final result obtained.

LamProbe Aftercare:

After treatment with the LamProbe, the areas treated may feel irritated. Redness and scabbing may also occur. Please follow the following protocols for home care:

~ DO NOT PICK at the areas treated even if scabbing occurs, because removing the scabs may lead to infection, hyper/hypo-pigmentation or scarring.

~ When cleansing the area, avoid any anti-biotic ointments. Pat area dry instead of rubbing.

~ Use provider's recommended sunblock and other skin care products.

~ DO NOT put anything directly on the treated area that is potentially irritating (retinol, acids, exfoliants).

Signature: _____ Date: _____