



Hair To Bare

Client Name: _____ Date: _____

I authorize Sherie Wood (Hair To Bare) to perform the treatments. The purpose of these treatments is to diminish or remove unwanted hair. The quantity of hair that will disappear will depend on the client's skin type, hair color, hair thickness, region to be treated, energy level or tolerance to pain, and hormonal level. The treatment plan requires more than one treatment and may produce permanent hair removal. The average loss of hair is 80% to 100%. A residue of hair may remain at the end of the treatment. Residual hair is typically 50% lighter and thinner. The total number of treatments will vary between individuals. On occasion, there are clients that do not respond to treatments. The treated hair should exfoliate or push out in approximately 2-3 weeks.

Treatment Sites: mono-brow, lip, chin, neck, face arms, fingers, chest, areola, linea, underarms, back buttocks, bikini, labia, scrotum, thighs, lower legs feet, toes.

Alternate methods are waxing, shaving, electrolysis and chemical epilation.

We are unable to treat clients that are on ACCUTANE and PHOTSENSITIZING (Sun sensitive) medications. Clients using ANTICOAGULANTS should be noted.

The following problems may occur with the hair removal treatment:

1. Tattoo Removal: If you have had tattoo removal anywhere on your body and do not inform the technician of this, blistering and infection can occur if the laser is applied to this area. It is very important to inform the technician each visit to ensure your safety.
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2. Scarring: THE IPL system can create a bruising and a moderate burn or blister to the skin. For an efficient treatment, the power (joules) needs to be just below the blistering point, which means skin will be red, However slight, there is risk of scarring.
3. Hyperpigmentation (browning of the skin) and Hypopigmentation (whitening of the skin) have been noted after treatment, especially with a darker complexion. This usually resolves within weeks but it can take as long as 3-6 months in some cases. Permanent color change is a rare risk. If you have a lot of color in your skin, a skin lightening cream will be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment is crucial to reduce the risk of color change.
4. Erythema (redness) and Edema (swelling) of the treated area may occur. Although this usually subsides within a few hours, it can last up to 7 days or longer. Irritation, itching, and /or mild burning sensation may or pain similar to a sun burn may occur within 48 hours of treatment.
5. Infection: Although infection following IPL treatment is unusual, bacterial, fungal and viral infections can occur. Herpes virus infection around the mouth and/or genitals can occur following an IPL treatment. This applies to individuals with a herpes virus infection.. Should any type of infection occur, additional

treatment, including antibiotics, might be necessary. *If you have a history of the herpes virus in the treated area we recommend preventive therapy.*

6. *Bleeding:* Pinpoint bleeding is rare but can occur following age/ sun spot and spider vein treatment procedures. Should bleeding occur, additional treatment might be necessary.
7. *Skin Tissue Pathology:* Energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible. *Only clearly benign pigmented lesions can be treated. Check with your doctor for clearance.*
8. *Allergic Reactions:* In rare cases, local allergies to tape or preservatives used in preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic Reactions may require additional treatment.
9. *Photosensitive (sun sensitive) Medication:* You understand that if you are taking a medication that makes your skin sensitive to the sun, you are responsible to note these medication (s) and to inform the technician and wait at least 4 weeks before treatment can be done.
10. *Wear Sunscreen of SPF 25 or higher before and after treatment to protect your skin.*
11. *I understand that I may need multiple treatments for the desired outcome.*
12. *I understand the exposure of my eyes to light could harm my vision. I will keep the eye protection on at all times.*
13. *I have read and understand the Pre and Post Treatment instructions.* I agree to follow these instructions carefully. I understand that compliance with recommended Pre and Post Treatment guidelines is crucial for healing, preventing of scarring, hyperpigmentation, hypopigmentation, and other skin textural changes.
14. *I understand that the treatments may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks.* I have been informed of other treatment options and understand that I have the right to refuse treatment. With this in mind, I am choosing this non-invasive treatment for hair removal.
15. *No guarantee, warranty, or assurance has been made to me as to the results that may be obtained.* I am aware that follow up treatments are necessary for desired results. I understand that gradual results occur over several treatments.

16. *I understand that all services rendered to me are charged directly to me and that I am personally responsible for payment.*

ACKNOWLEDGEMENT

The nature and purpose of treatment has been explained to me. I have read and understand this agreement. All of my questions regarding the treatment have been answered satisfactorily. I understand the treatment and accept the risks.

I consent to terms of this agreement. I certify that I am competent adult of at least 18 years of age. This informed consent form is freely and voluntarily executed and shall be binding upon me. I hereby release Sherie Wood and Hair to Bare from all liabilities associated with the above indicated treatment.

Client Printed Name: _____ Client Signature: _____ Date: _____

Guardian Printed Name: _____ Minor Treated: _____

Guardian Signature: _____ Date: _____

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