

Beauty Bodyworks Consent for Laser Treatments

I give my consent and authorization to Beauty Bodyworks to treat me with a Class 1V laser. This includes, but is not limited to Sun Damage/ Freckles Treatments. Skin Tags Removal, Skin Tightening, Active Acne Treatment, Acne Scarring Treatment, Laser Stretchmarks Treatments, Laser Liplase Treatment, Laser 4D Facelift, Laser Hair Reduction, Laser Scar Revision, Laser Vein Treatment, Laser Podiatry Treatment, Laser Pain Treatment, Laser Snoring Reduction, Feminine Rejuvenation and Gynecology Treatments, and others.

I acknowledge and understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild “sunburn” like effects that may last anywhere from a few hours to 3-4days
- Pigment changes, including hypo-pigmentation (lightening of skin) or hyperpigmentation (darkening of skin) lasting 1-6 months or longer may occur.
- Freckles may temporary or permanently disappear in treated areas.
- Other potential risks including crusting, itching, bruising, burns, infection, scabbing, scarring, swelling, bleeding and failure to achieve the desired results.
- Laser can produce eye vision injury and protective eyewear must be worn during all treatments.
- I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided by Beauty Bodyworks can produce and increase in the possibility for complications.

I consent to photographs taken for use in the following areas: evaluation of treatment effectiveness, medical education and training, marketing, media stories, advertising and other sales purposes. No photographs revealing my identification will be used without written consents. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

I acknowledge that pre- and post-treatment instructions have been discussed with me. The procedure, as well as potential benefits and risks, have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatments.

Client Signature: _____ Date: _____

Print Name: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____ Date: _____