

# Evergreen LASER

Laser Hair Removal & Med Spa

## ***Chemical Exfoliation/Dermaplaning Consent Form***

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that I may experience swelling, redness, tightness, and scratching of the skin, however these symptoms will resolve.

Although results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be made or have been made concerning the expected results in my case.

I am undergoing treatment on my own free will. I agree that this procedure is being performed for cosmetic reasons. I understand that while every precaution will be taken to prevent complications and that complications from this procedure are rare, they can sometime occur.

I accept responsibility for any complications that may occur and thereby absolve Evergreen Laser Laser Hair Removal & Med Spa and any associated person of any blame.

I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

I have not taken Accutane in the last six months, blood thinning medications, waxed, used Retin-A or any prescribed acne medications in the last 48 hours.

Patient Name (Print): \_\_\_\_\_

Patient Signature: X \_\_\_\_\_ Date: \_\_\_\_\_