CONSENT FOR LASER HAIR REMOVAL

I hereby grant Avante Laser & MediSpa, the permission to perform a procedure known as Laser Hair Removal, the removal of unwanted hair on the body. I consent to and authorize the afore mentioned procedure/treatment to be performed by an Avante trained laser specialist under indirect medical supervision.

Laser Hair Removal is a procedure by which hair from the body can be removed utilizing the GentleLASE Plus by Candela Laser Corporation and/or the Cool Glide Excel Laser by Cutera Medical, and/or the Harmony AFT by Alma Lasers, and/or the Cynosure Apogee Elite Laser..

Laser Hair Removal can be performed by a highly and specially trained individual known as Certified Laser Technician (CLT) or Certified Laser Specialist (CLS). In the procedure, the laser technician distributes the light of an alexandrite long pulse laser (755nm) or the light of an Nd:YAG long pulse laser (1064nm) onto the skin. The laser works by disabling hairs that are in their active growth cycle at the time of treatment. Since other hairs will enter their growth cycle at different times, additional treatments will be necessary to disable all of the follicles in a given area. Your laser technician will work with you to develop the treatment program that best fulfills your hair removal needs.

Both men and women seek the above mentioned services to have superfluous or unwanted hair removed. Hair removal is commonly done on the following areas: hairline, top of the nose, lip, chin, cheeks, sideburns, neck, nape, ears, shoulders, back, chest, breasts, underarms, abdomen, buttocks, pubic area, bikini line, thighs, arms, legs, hands and toes. The causes of excessive hair growth patterns are many and varied. Those with which people are best acquainted include: heredity, glandular/hormonal imbalance, pregnancy, reactions to certain medicines, normal aging process, excessive waxing, tweezing and other temporary methods of hair removal (creams/depilatories) among others. It is important to remember that while laser is very effective in removing hair, it is impossible for us to control one's hormones and the production of hair caused by a hormonal imbalance.

Several (repeated) treatments are generally necessary to attempt to satisfy the patient/client's desire for hair removal. Factors that will determine the length of treatment include (but are not limited to) the particular area to be treated, the texture of hair, frequency of treatments, and history of temporary measures to remove hair (i.e.: waxing, tweezing, shaving, and depilatories, etc.). Close adherence to your proposed treatment schedule will assist the CLT/CLS treating your condition.

There is also the possibility that other side effects or complications not presently known, recognized, or described to you now or understood may develop now or in the future. If we could anticipate problems in advance, of course, we would not perform the procedures. However, a number of side effects, risks and complications can occasionally be seen, which include, but are not limited to:

1. Itching, during treatment
2. Redness
3. Pain, tingling, or feeling of numbness (cold spray)
4. Swelling
5. Crusting/scab formation (or ingrown hairs)
6. Infection (uncommon)
7. Bruising (rare) – Purpura on tanned area
8. Pigment change (hypo/hyper)
9. Failure to improve "quality of life," initial unsightly appearance
10. Histamine reaction
11. Interruption of daily life, work routine, home and family or social life
12. New growth of treated hair (depending on previous temporary measures to remove hair)

I hereby state that all the facts of information, including pertinent facts concerning my past medical and surgical history, that have been furnished to the CLT/CLS and assistants during my preoperative evaluation are complete and correct. I have read the parts of any pamphlets of information pertinent to the proposed procedures, and understand them. Furthermore, the CLT/CLS has fully explained, in terms clear to me, the effects and nature of the procedure(s) to be performed foreseeable risks involved and alternative methods of treatment. I know that the practices of medicine, cosmetics and laser are not exact sciences and that, therefore, reputable professionals cannot guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the procedure(s) which I herein have requested and authorized. In this connection, I have been advised that the goal of the procedures that I have requested, that there is a possibility that imperfections might occur and that the results might not live up to my expectations, or to the goals that have been established.

I have been given an opportunity to ask all questions I desire regarding the matters covered in the preceding paragraphs and these questions have been answered to my satisfaction. I have read and thoroughly understand this consent form. I, therefore, freely and openly consent to the scheduled, contemplated and any future needed laser procedure/treatments.

Option: I hereby give my permission to the CLT/CLS, and to any assistant they may designate to take photographs, to enhance the medical/electrology profession, before, during, and after the procedure; I agree that these photographs will remain Avante's property. I further authorize Avante to use such photographs for teaching purposes, to illustrate scientific books, papers, lectures and for promotional, informative, educational, and research purposes. _____ (please initial)

Signed: _____ Date: _____
Client

Signed: _____ Date: _____
CLT/CLS

Signed: _____ Date: _____
Doctor of Records