



Consent For Laser Leg Vein Treatments

_____ I have been informed that the area treated with a laser may experience redness, scarring, swelling, crusting, histamine reaction, lightening or darkening of skin, welts, burns or blistering, or bruising which generally resolves in a short period of time. While most adverse reactions are rare and most can be avoided by following the Pre and Post treatment instructions, there is a risk that some conditions could be permanent. I understand and accept that risk.

_____ I understand that all skin reacts to treatments in some manner, and agree that I will notify the Manager as soon as possible if I experience a reaction that does not resolve within several hours or becomes progressively worse after leaving. I agree to follow all care instructions given by Setty Plastics and Aesthetics and understand that I will achieve optimal healing by following all home care instructions.

_____ I understand that rarely, there can be transient numbness in the surrounding nerves that will resolve on its own over time. This condition can be permanent in very rare cases.

_____ Existing conditions, such as herpes, acne, eczema, folliculitis, hidradenitis, psoriasis and dermatitis may flare up after a laser treatment, this may be minimized by beginning prophylactic treatment a few days before each appointment. I will advise the tech before treatment if I have any skin conditions. I will also notify the technician if I develop any of these conditions. I understand and accept that Setty Plastics and Aesthetics will not be responsible if I fail to give this important information.

_____ Unprotected eyes could suffer damage or blindness during laser treatment protective eyewear will be provided and must remain on during the entire treatment to protect the eyes from accidental exposure. I understand and accept this risk.

_____ Lasers can damage tattoos and permanent cosmetics therefore we will not laser directly or within 18mm of a tattoo or permanent cosmetics. I understand there is the possibility of accidental injury to the skin or damage to the tattoo when lasering around a tattoo. I accept this risk and agree to inform Setty Plastics and Aesthetics of any tattoos and permanent cosmetics.

_____ I have been instructed to avoid direct or indirect sun exposure at least 2 weeks prior to each treatment and I agree to notify the technician if I have had any prior sun exposure and agree to protect the area to be treated daily with sunscreen with an SPF 30 or greater. I understand and accept the risk of a reaction if I fail to give this important information.

_____ I consent to the use of photographs for recordkeeping purposes; these photographs may be taken before, during and after my treatments.

_____ I consent to the use of these photographs for providing information to other clients and to the public about my treatment. They may be shown during client consultations, as well as public promotional lectures and demonstrations, and may be reproduced in educational, instructional and promotional literature and on the Setty Plastics and Aesthetics website. My identity will not be compromised.

_____ I understand that a physician will be available for evaluation and follow up issues. Determination for an appointment with a physician will be made in consultation with management and myself.

_____ I have been given the PRE and POST treatment instructions sheet and will follow these instructions. I will inform the technician if I have not been able to follow these instructions.


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_____ I confirm I am not currently pregnant or nursing and agree I will inform the technician if I do become pregnant, or am nursing in the future. I understand I cannot receive laser treatments while pregnant or breastfeeding.

_____ I have read and understand all the information presented to me before signing this consent. I understand the risks of side effects, despite proper treatment, exist in **all** cases, but can be greatly reduced by following the pre and post treatment instructions given to me. I understand the purpose of the procedures. I further understand that treatment results **will** vary between individuals and treated areas. I understand that there are many variables that may affect my treatments and that I have been made no promises of any results.

Setty Plastics and Aesthetics prides itself on our ability to offer the highest quality services at the lowest possible cost. "No Shows" and "Cancellations" create a significant burden on our ability to maintain our low prices. Therefore, clients will be automatically charged a \$49 fee for appointments not cancelled at least 24 hrs in advance PLEASE PROVIDE US THE COURTESY OF A PHONE CALL 48 HOURS IN ADVANCE IF YOU ARE UNABLE TO MAKE YOUR SCHEDULED APPOINTMENT.

Signatures: _____ Date: _____

Witness _____ Date: _____

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