

Lakewood Ranch
**Hair
Removal
Center**

Electrolysis & Laser Consultation Agreement

Name _____ Date _____

Consultation by _____

Please read carefully and initial each statement:

- ____ I have been consulted by Lakewood Ranch Hair Removal Center and understand the process of permanent hair removal (electrolysis and laser) and have given consent for treatment.
- ____ I understand certain hormone imbalances, medical conditions and medications may prolong my treatments for an indefinite period of time and Lakewood Ranch Hair Removal Center can only help to control the growth.
- ____ I understand the cycles of growth and why it is necessary to maintain the prescribed treatment schedule.
- ____ I understand if the hair progresses too far along in its stages of growth, the cell may not be present and may regrow as a result.
- ____ I understand that the hair cell must be present at the time of treatment (electrolysis/laser) for permanent hair removal.
- ____ I understand the laser may stimulate dormant cells into an active stage of growth.
- ____ I understand 10 percent of body hair sheds on a daily basis.
- ____ I understand both electrolysis and laser are gradual processes and require repeated treatments until all cells are terminated.
- ____ I understand it is not possible to determine exact number of treatments.
- ____ I understand the importance of sun exposure avoidance and the use of sunscreen during the entire treatment program.
- ____ I understand the laser will feel like a pin prick or rubberband being snapped onto me and that the laser has a cooling system to help relieve this sensation. Also am aware of the availability for topical anesthetic.
- ____ I understand the benefits of laser treatment and that I must wear eye protection when laser is in operation.
- ____ I understand possible side effects (hyper/hypo pigmentation, purpura, scarring and length of time to expect healing if side effects occur.

I understand the fee schedule as follows:

Electrolysis ____ \$25 for 1-15 Minutes
 ____ \$30 for 16-30 Minutes
 ____ \$55 for 31-60 Minutes

Laser ____ There is a one time \$50 physician fee for medical clearance
 ____ There is a \$25 test spot fee
 ____ Laser fees are by body part
 ____ All services rendered are to be paid in full at time of treatment
 ____ I understand the cancellation policy, which requires a 24 hour notice prior to appointment
 ____ I agree to pay full service fee for any appointment cancelled less than 24 hours prior to treatment

I understand the above and I am aware **no exceptions** will be made.

Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____