

✨ Little Lash & Beyond

Laser Hair Removal Consent Form

Client Name: _____

Date of Birth: _____

Phone/Email: _____

Treatment Information

Laser hair removal uses concentrated light energy to target and disable hair follicles, reducing and/or eliminating hair growth in the treated area(s). Multiple sessions are required for best results, as hair grows in cycles.

⚠ Possible Risks and Side Effects

I understand that while laser hair removal is generally safe, potential risks include (but are not limited to):

- Temporary redness, swelling, or discomfort in the treated area
- Changes in skin color (hyperpigmentation or hypopigmentation)
- Blistering, crusting, or scabbing
- Rare risk of scarring or infection if aftercare instructions are not followed

✅ Pre-Treatment Disclosure

I confirm the following:

- I am not pregnant or breastfeeding.
- I have not had recent sun exposure, tanning beds, or self-tanner within the last 2 weeks.
- I have disclosed any use of photosensitizing medications (e.g., antibiotics, Accutane, Retin-A).
- I have not waxed, tweezed, or threaded the treatment area in the last 4 weeks.
- I have shaved the treatment area within 24 hours of my appointment.

✨ Aftercare Acknowledgment

I agree to follow all aftercare instructions provided, which may include:

- Avoiding sun exposure, tanning, and hot tubs for at least 48 hours
- Using SPF daily on exposed treated areas
- Avoiding waxing, tweezing, or threading between sessions
- Contacting Little Lash & Beyond immediately if I notice unusual pain, blistering, or signs of infection

Consent

I understand that results vary based on skin type, hair color, density, and hormonal factors, and that full removal cannot be guaranteed. I have had the procedure explained to me, all my questions answered, and I voluntarily consent to laser hair removal treatment at Little Lash & Beyond.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____