Lira™ CLINICAL

Be Bright. Be Beautiful.

Informed Consent Form

Name_____ Date _____

The instructions and guidelines provided in this informed consent should be followed by all individuals receiving a professional service. Please read and initial after each paragraph acknowledging that you have read and understood all of the information presented.

PROFESSIONAL ESTHETIC IN-CLINIC SERVICE

1. This professional esthetic in-clinic service is designed to improve the texture and appearance of your skin. Your participation in your service will determine the outcome. It is important that you strictly adhere to all instructions that your skincare therapist will provide.

2. Depending on the service, you may experience some temporary erythema, irritation, or warm flushing. During the next few hours, you may experience some tightening of the skin which may last for several days.

3. For some individuals, a light flaking begins within 48 hours. It is impossible to pre-determine how much flaking will occur.

4. Depending on the service, the sloughing process usually subsides within 2-7 days.

5. Pigment may appear darker on the surface before fading.

6. Lack of flaking or "peeling" is NOT an indication that the service was unsuccessful. If you do not notice actual peeling, you are still receiving all the benefits of your service such as improvement of skin tone, texture, and appearance of fine lines and hyperpigmentation. There are a number of reasons why some people may not experience peeling.

7. Results may vary with each service and individual client.

I ACKNOWLEDGE I DO NOT HAVE THE FOLLOWING

- ❑ I am not pregnant.
- ❑ No sunburns in the last 7 days
- ❑ Not allergic to aspirin
- ❑ Active cold sores
- ❑ Not taken Accutane (or its generic form) within the last 6 months
- ❑ No new allergies or sensitivities since my last visit

PRE-SERVICE GUIDELINES - Unless otherwise instructed to do so by your skincare therapist:

_____ 1. I acknowledge I have followed the pre-service guideline of: One week prior to service avoid waxing, electrolysis, Laser Hair Removal, prescription retinoids/retinoid-like compounds (Retin-A, Renova, Differin, Tazorac), products containing any exfoliating agents that may sensitize the skin.

_____ 2. Please advise of any medical cosmetic facial procedures within the last 14 days.

POST SERVICE GUIDELINES - Post care is the contuation of your in-clinic service.

_____ 1. It is essential to follow the post service home care program as recommended by your skincare professional. This will include daily SPF protection.

_____ 2. Avoid direct sun exposure, strenuous exercise, or high amounts of heat including saunas and hot tubs

_____ 3. Do not pick or pull the skin.

_____ 4. Immediately notify your skincare therapist of any concerns.

CONSENT

I hereby give my consent & authorization, and voluntarily release _____ from any claims implied or stated that I have or may have in the future with this service, regardless of result. I am stating that the service and precautions above have been explained to me in detail and that I fully understand. If I am under the care of a physician, I have discussed the service plan with my physician for prior approval.

Signature_____ Date _____