



### **Lightening Series Informed Consent**

I understand that this is a cosmetic treatment and that no claims are expressed or implied due to many variables such as age, conditions of the skin, sun damage, smoking and climate; each case is individual.

I understand that to achieve maximal results, I may need 3-6 treatments.

I understand that there will be some degree of discomfort, i.e. stinging, "pin-pricking" sensation, hotness, tightness, peeling, during treatment and several days after each treatment.

I understand that although complications are very rare, sometimes they may occur and that prompt treatment may be necessary. In the event of any complications, I will immediately contact Jessie or seek medical attention.

I agree to refrain from tanning and excessive sun exposure while I am undergoing treatment. I understand that direct sun exposure is prohibited while I am undergoing treatment and that the use of sunblock protection with a minimum SPF 30 is mandatory.

I have revealed any medical conditions that may affect the treatment such as pregnancy, allergies, recent surgeries and any use of types of contraindicated medications such as Accutane, hormone replacement therapy or Retin-As. Contraindicated medications should be discontinued one week prior to the treatment with the exception of Accutane which must be discontinued for six months prior to treatment.

I have not had a peel treatment of any kind on area to be treated at least 14 days prior my first treatment. I understand I cannot have another treatment until recommended by a licensed professional.

I understand my waxing and shaving limitations. I have not received any waxing on area to be treated at least 7 days prior to first treatment, and have not shaved area to be treated at least 5 days prior to first treatment.

I understand the importance of informing Jessie about my period so we can work around peak days.

I understand my responsibility of properly following the appropriate aftercare instructions as explained by Jessie. Failure to follow my homecare protocol could result in an ineffective lightening treatment.

PHOTOGRAPHS: I give permission for photographs to be used by Jessie for educational plus promotional purposes. Complete client confidentiality will be maintained at all times.

Yes    No      Please initial: \_\_\_\_\_

*Prior to receiving treatment, I have been candid in revealing any condition that may have an effect on this procedure as outlined. I will also inform Jessie of any changes in my medical history, current medications and/or changes relevant to this procedure prior to any future treatments.*

*I have read and fully understand the terms within the above consent. All my questions have been addressed to my satisfaction.*

Client's  
Name: \_\_\_\_\_

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*Client's Signature*

*Parent/Guardian Signature*

*Date*