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Electrolysis & Skincare Treatment Consent Form

PATIENT NAME: _____

TREATMENT: _____

TREATMENT AREAS: _____

I duly authorize the professional associate of Inspiring Beauty Lifestyles, LLC dba/ Smooth Epilator to perform electrolysis and/or skincare treatments on me.

Electrolysis treatments: I understand that the electrologist inserts a very fine sterilized needle alongside the hair in the hair follicle. A tiny amount of electrical current is then applied through this needle to the hair root permanently ending further hair growth when the hair is in the active or anagen stage of growth. I have been specifically advised that this office has implemented infection control procedures, which include:

1. Single use sterilized disposable needles.
2. A "sharps" disposal unit
3. A dry heat sterilizer as well as an ultrasonic cleanser prior to sterilization for tweezers.

I confirm that I have received, read and completed the Contraindications to Electrolysis and Skincare treatments, and I DO NOT have any existing contraindications that would prevent or restrict treatment, and I am not taking any medications that may affect treatment.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications and I understand that no guarantee can be given as to the final result obtained.

I have received and read a copy of the pre & post treatment instructions.

Many factors (especially the previous methods of hair removal) determine the number and the length of treatment required. The closer you adhere to your treatment schedule, the more effective your treatment will be. Usually this takes 1.5 to 2 years before all hair is gone permanently in the treated area.

I understand compliance with treatment guidelines is crucial for optimum results. I have read and understood all information presented to me before signing this consent.

In consideration for Inspiring Beauty Lifestyles, LLC dba/Smooth Epilator performing this treatment, I agree that I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure or side effects I may experience after the procedure is performed. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against Inspiring Beauty Lifestyles, its owners, officers, employees, or agents for negligence, injury, loss, costs or other injuries or damages to me as a result of this treatment.

DATE: ____ / ____ / ____

SIGNATURE: _____