

INFORMED CONSENT

DATE

I consent to Fountain of Youth staff performing laser/light assisted skin care treatments.

Areas to be treated are:

..... Method Approx cost \$

..... Method Approx cost \$

..... Method Approx cost \$

The purpose of this treatment is to reduce or eliminate unwanted hair/vascular and pigmented lesions/ acne / fine lines and wrinkles. I understand that the results will vary with each individual and that multiple treatments WILL be necessary. I have read and understood all information presented to me before consenting to laser treatment and the nature and purpose of the treatment have been explained to me and any questions I have regarding treatment have been answered to my satisfaction.

I understand that to achieve the desired result I will require a MINIMUM of 6-12 treatments for Hair Removal and a MINIMUM of 4-8 for Photo rejuvenation. Vein and Vascular treatments can be unpredictable and will require a MINIMUM of 3-6 treatments. I understand that in some cases I made in excess of 15 treatments, but this may not be apparent until around the 8th visit. As hair moves into new cycles I understand that I will need touch up treatments (eg one touch up in 3 to 6 months). Touch up treatments may also be necessary for the Skin Rejuvenation and Vascular treatments.

I understand the treatment may involve risks or complications, or injury from both known and unknown causes and I freely assume these risks. Possible side effects of the area treated can include mild redness of the skin, irritation, local swelling, mild discomfort or tenderness, pinpoint bleeding, bruising, pimple like bumps, dry skin, hypo-pigmentation (lightening of the skin) or hyper pigmentation (darkening of the skin) and a very small risk of scarring.

I understand that Fountain of Youth will not knowingly treat anyone with hormonal imbalances, epilepsy, diabetes, keloid scarring, or anyone who is taking any medication that might affect the outcome of the treatment, unless we are presented with a medical certificate from your doctor. It is your responsibility to inform your clinician if any of these conditions develop during your treatment.

I further understand I have the right to refuse treatment at any time.

Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained. I understand that no promises of performance have been made to me regarding any Laser/IPL/ LHE assisted hair removal or skin care treatments.

I agree to adhere to all safety precautions and regulations advised to me during laser treatment including post kin care recommendations. I understand that sun exposure (before, during and after treatment), AND not adhering to the post-care instructions provided will increase my chance of complications.

I consent to the taking of photographs for the purpose of documentation during the course of my treatment. These photographs will not be used for any other purpose without my written consent.

I certify that I have read this entire Informed Consent and that I understand and agree to the information provided in this form. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian/person having legal custody will also be required prior to treatment.

The sensation of light is often uncomfortable and may feel like a moderate to severe pinprick or burst of heat. If the clinician elects to use a topical anaesthetic, all options will be discussed with me.

I agree to pay for each of the above mentioned services, and I understand that there will be no refund for any already performed services. No treatments that have been pre-paid are transferable or refundable.

I agree that I have been provided with before and after care instructions from the technician and understand that it is my responsibility to adhere to these instructions. I will not hold FOUNTAIN OF YOUTH responsible for any wrong doing on my part.

In the event that any problem should arise with my treatment I agree to call the salon immediately any such problem becomes apparent to me. I understand that I am to follow the post treatment care as prescribed to me.

CLIENT SIGNATURE DATE

TECHNICIAN SIGNATURE DATE

CONSENT OF PARENT / LEGAL GUARDIAN / PERSON WITH LEGAL CUSTODY

I, as parent / legal guardian / person having legal custody of
..... a minor, hereby consent and authorize the performance of laser / light assisted
skin care treatment and related services on I have read this entire Informed
Consent and I understand and agree to all of its provisions. I certify that I have the opportunity to ask questions of the attending
therapist about the treatment, that the risks and complications have been explained to me, that alternative means of treatment have
been explained to me and that all of my questions regarding the treatment have been answered.

SIGNATURE OF PARENT / LEGAL GUARDIAN / PERSON WITH LEGAL CUSTODY

..... DATE



Notes:

Quoted _____
Main Concern _____
Special Request _____
Be Aware _____
Recommended _____

(CLINICIAN USE ONLY)

Any changes to medical history or medication must be notified.

No hair removal methods

No sun tanning

No self tan during treatments.

Read and discuss consult sheet

What to expect pre/during/post

Visible appearance post tx.

Number of treatments needed

Suitability of skin type

Treatment duration

Sensation of the laser

Other types of lasers

The necessity for patch testing.

Emla topical anaesthetic cream may be obtained from your chemist (without prescription) to numb the area

Overall Acne Severity Grading:

- Grade 0 - Complete absence of any lesions
- Grade 1 - A few significant comedones apparent only on careful inspection and would generally be regarded as clinical acne (sub-clinical acne)
- Grade 2 - Mild acne, usually consisting of a few comedones and a few small papules or pustules
- Grade 3 - Moderate acne with prominent lesions
- Grade 4 - Severe acne, often with cysts
- Grade 5 - Extremely severe acne with widespread inflammatory lesions and many large pustules or cysts
- Grade 6 - Many nodular cystic lesions with scarring

