

ELEVATE ELECTROLYSIS STUDIO - TIA SWANEMYR

970-749-7470 | www.elevateelectrolysis.com

CLIENT CONSENT FORM – ELECTROLYSIS

, duly authorize Tia Swanemyr, to perform FDA Ι, approved procedures using Apilus XCell, or any other device or technique for hair removal. Past studies indicate that results can vary according to age, skin and hair type as well as the medical condition of the client. I am aware that multiple treatments are necessary to achieve optimum results.

I have been advised of the following possible risks and results of Electrolysis:

- Treatment may be uncomfortable. Use of a topical Lidocaine may be used. Clients having electrolysis on sensitive areas such as eyebrows or lip may want to consider using it.
- In some cases, crusting, swelling, color changes, etc. may develop in treated skin. In most cases, skin returns to normal after a period of time. (See Aftercare Instructions for more details.)
- Unprotected sun exposure before, after, or between treatments could cause or worsen skin discoloration (hypo- or hyper-pigmentation). Limit sun exposure 24-48 hours prior to your treatment to avoid dilation of the blood vessels. If you will be in the sun, be sure to use an SPF 35/+ and reapply every 2 hours.
- One must wait a minimum of one week after using any sun-sensitizing topical applications (i.e. RetinA/Vitamin A, Alpha-Hydroxy Acid, etc.) before having electrolysis or laser skin rejuvenation. One must wait a minimum of six months after completing Accutane treatment before starting electrolysis, laser hair removal or skin rejuvenation.
- Herpes Simplex virus may become active due to heat and there may be an increased susceptibility to sunburn. It is recommended that if you have a history of this virus or have had cold sores/fever blisters that Valtrex or other similar prescription medication be taken for a few days prior and following treatment, to lessen your chance of an outbreak.
- Electrolysis will take multiple treatments to achieve permanent hair removal of the treated area. One to two years of regular treatments should be expected. My guestions regarding this procedure have been answered to my satisfaction.

I accept all risks of treatment as described above and agree to provide aftercare as directed by this facility.

Client Signature: _____ Date: _____