



Laser Hair Removal Consent Form

This form is designed to give you the information you require to make an informed choice of whether to undergo treatment with Alma Soprano Titanium technology. If you have any questions before your treatment, please feel free to ask.

Please review each statement:

- ❖ I authorize the certified Laser Specialist at Alora Health Spa to perform the Alma Soprano Titanium procedure.
- ❖ The Laser Specialist has reviewed my medical history and found me to be eligible for treatment.
- ❖ Alma Soprano Titanium is a non-invasive technology that utilizes Diode laser, for hair removal with highest speed, the best skin cooling system for hairs of dark blond-black color.
- ❖ No complete clearance is guaranteed.
- ❖ Individual results vary depending on hair color, coarseness, density, and skin tone.
- ❖ There may be some discomfort and transient redness and/or swelling associated with treatment.
- ❖ There is a small risk of adverse reactions.
- ❖ I understand that taking the treatment course is my choice and that I am free to withdraw at any time.
- ❖ There are possible side effects of the treatment including local pain, skin redness (erythema), swelling (edema), damage to the natural skin texture (crust, blister, burn), change of pigmentation (hyper- or hypopigmentation) and scarring. Although these effects are rare and expected to be temporary, any adverse reaction should be reported immediately.
- ❖ I understand that I must comply with the treatment schedule, otherwise results may be compromised.
- ❖ I recognize that during the procedure unforeseen conditions may necessitate different procedures than this above and I authorize the Laser Specialist at Alora Health Spa to perform such other procedures if they find them professionally desired.
- ❖ I understand that not everyone is a candidate for this treatment and results may vary therefore, there is no guarantee as to the results that may be obtained.
- ❖ The procedures to be used to treat my conditions have been explained to me. I have had sufficient opportunity to discuss my condition and treatment. I believe I have adequate knowledge upon which to base an informed consent.
- ❖ If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone. If I miss a scheduled appointment without giving 24 hours notice, I agree to pay the missed appointment fee that applies.
- ❖ I understand that I may disrobe to my comfort level. Some laser services require the Laser Specialist to touch and treat sensitive areas such as breast tissue, genitals, buttocks, and inner thighs. I acknowledge that I can withdraw from my service or alter my consent at any time.

- ❖ I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

I understand that Alora Health Spa reserves the right to refuse to administer services at their sole discretion. I hereby release the practitioners and Alora Health Spa from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself as a result of my receiving laser hair removal services.

I have read and fully understand this consent form in its entirety.

CLIENT PRINT NAME: _____

CLIENT SIGNATURE: _____

DATE: _____

LASER SPECIALIST SIGNATURE: _____

DATE: _____

Consent to Treatment of Minors:

By my signature below, I authorize Alora Health Spa to administer laser hair removal services to my minor child or dependent as they deem necessary or proper.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

DATE: _____