DERMATOLOGY
OF EASTERN IDAHO
MEDICAL SPA

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CONSENT AND RELEASE FORM
HAIR REDUCTION WITH THE 810nm DIODE LASER TREATMENT

I, ___________________________authorize and consent to the treatment of hair reduction/modification with the 810 nm Diode Laser Manufactured by Ellman International, Inc.

I have been advised by __________________________of the purported advantages and disadvantages associated with this treatment.

I understand that treatment with this laser system varies from patient to patient and that more than one treatment may be required.

By signing below I indicate that I am not pregnant. Furthermore I agree to keep Dermatology of Eastern Idaho informed should I become pregnant during the course of my series of treatments.

Although rare, adverse outcomes such as hyper-pigmentation and/or hypo-pigmentation (darkening or lightening of the skin), skin texture changes and trace scarring occur.

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure.

I understand that the possible benefits are the reduction and possibly the elimination of unwanted body hair.

Due to the brilliance of the laser light energy used, I agree to wear protection to shield my eyes.

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. ________(initials)

Photographic documentation will be taken. I hereby do do not authorize the use of my photographs for teaching purposes.

I hereby indemnify and hold harmless the treating technician and the staff at the office of Dermatology of Eastern Idaho from any and all liability, damages, costs and expenses arising from or out of the use of the 810 nm Diode Laser for treatment of hair reduction/modification. ________(initials)

With all of the above information understood, I am choosing to be treated with the 810 nm Diode Laser System.

Patient's Signature: ______________________________ Date: ____________

Operator's Signature: ______________________________ Date: ____________