

## Lamprobe Consent Form

*Kingwood Skin Essentials* has explained to me the Lamprobe processes are popular and effective for the treatment of unwanted hair follicles (electrolysis), as well as for the cosmetic care of many minor superficial skin irregularities that professional therapists encounter on a daily basis. I consent to have the Lamprobe utilized on me for the purpose of the cosmetic treatment of \_\_\_\_\_.

As with any cosmetic procedure, the goal is for the esthetic improvement not perfection. Risks associated with the Lamprobe are minimal and may include burns/scabbing, skin discoloration, and scarring, thus it is extremely important to follow home care advice to minimize these risks. I agree that is I am unsure of any underlying conditions (ex skin cancer, skin diseases); I will consult a physician prior to undergoing any cosmetic treatment. I understand that several factors including skin color, age, ethnicity, hormonal activity, inherited conditions, and other influences may decrease effectiveness of cosmetic treatments.

In consenting to having the Lamprobe demonstrated/performed on me, I hereby release and forever discharge the practitioner of above said cosmetic procedure and *Kingwood Skin Essentials*, its officers, employees and/or sub-contractors, of and from all claims, demands, damages action or cause of action arising out of the performance of the said cosmetic procedures, which I, my heirs executors, administrators or assigns can, shall or may have. \_\_\_\_\_ (*Please Initial Here*)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Witness: \_\_\_\_\_