



## INFORMED CONSENT FOR ELECTROLYSIS

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_

The purpose of electrolysis is to diminish or remove unwanted hair, This procedure requires more than one treatment session. Most clients will need between 6-8 total number of sessions. The total number of treatment sessions may vary among individuals. On rare occasion there may be a client that does not respond to treatment.

I authorize Wicked Skin LLC and its designated staff to perform Electrolysis on my body. I understand that Electrolysis is an FDA –approve treatment method for removing unwanted hair. I have been advised of the possible adverse reactions which are as follows:

1. Short term effects may include reddening, swelling, bumps. Mild burning, temporary bruising or blistering. Hyper pigmentation (browning of skin) Hypo pigmentation (lightening of skin), although rare, may occur. These conditions usually resolve within 3 -6 months, but permanent color change is a rare risk, less 1%. Avoiding sun exposure before and after treatment reduces the risk of color change.
2. Infection following treatment is quite unusual, but bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can be stimulated by electrolysis. This applies to both individuals with a history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional skin treatments or medical antibiotics may be necessary.
3. Allergic reactions, although very rare, may occur. Local skin allergies to topical preparations, tape of preservatives used in cosmetics can occur.
4. However slight, there is the risk of scarring.
5. Pinpoint bleeding, although very rare, may occur following treatment procedures. Should bleeding occur, additional skin treatment may be necessary.
6. Eye Protection must be worn at all time because exposure to electrolysis light could harm one's vision.

Occasionally, unforeseen mechanical problems may occur, and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGEMENT:

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of electrolysis. Before each treatment I will inform the technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that tanning and some medications can make my skin photosensitive. I also understand that either of the afore-mentioned conditions could cause damage to my skin. I also agree to comply with the recommended aftercare instructions which are crucial for healing and prevention of scarring and hyperpigmentation. My questions regarding the Laser Hair Reduction procedures have been answered satisfactorily. By my signing below, I hereby release Wicked Skin LLC / Allure Laser Institute and designated staff from all liability associated with this procedure.

Client/Guardian Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Laser Technician Signature: \_\_\_\_\_

Date: \_\_\_\_\_