

Beautiful You LLC

Laser Hair Removal Pre/Post Treatment Care

Pre-Treatment Instructions

- ❖ Avoid deep tanning, including tanning beds and tanning creams, 2 weeks before and 1 week after treatment. If you must go in the sun use a sunscreen of SPF 25 or higher.
- ❖ Please shave the hair you wish to be treated down to the skin before treatment. There is a \$20 charge after the 1st treatment if an area hasn't been appropriately shaved.
- ❖ It is recommended that you stop bleaching hair 2-3 days before your procedure.
- ❖ It is best that you refrain from tweezing, threading, and/or waxing immediately, shaving or trimming is better.
- ❖ If, throughout the course of your treatment, you need to take any photosensitizing medication and/or antibiotics, we will not be able to treat you within 10 days of your last dose.

Post-Treatment Instructions

- ❖ Immediately after the treatment, there may be redness and bumps at the treatment site, which may last up to 2 hours or longer. It is normal for the treated area to feel like sunburn for a few hours. You should use a cold compress if needed.
- ❖ Makeup may be used after the treatment, just make sure that you have moisturizer on under your makeup. In fact, moisturizer will help the dead hair exfoliate from the follicle so use moisturizer frequently and freely on the treated area. Moisturizer without alpha hydroxyl-acids will work best.
- ❖ Avoid direct sun exposure and tanning beds for 1-2 months and throughout the course of treatment so as to reduce the chance of dark or light spots. Use sunscreen SPF 25 or higher at all times throughout the treatment when going outside.
- ❖ Do not use any other hair removal methods or products (tweezing, waxing, threading and depilatories) on the treated area except for shaving or trimming during the course of your laser treatments, as it will prevent you from achieving your best results. Also, avoid bleaching or chemical peels during the course of treatment. Do not use any irritants such as Retin-A, Benzoyl Peroxide, or harsh astringents.
- ❖ Anywhere from 2-30 days after the treatment, shedding of the hair may occur and this may appear as new hair growth. This is not new hair growth, but dead hair pushing its way out of the follicle. You can help the hairs exfoliate by taking a hot shower and rubbing with a wash cloth or loofa sponge.

REMEMBER: THE AVERAGE REDUCTION AFTER 6 TREATMENTS IS 70-80%. THIS MAY BE MORE OR LESS DEPENDING ON THE INDIVIDUAL.

Beautiful You I.I.C.
Patient Profile

Name _____ Birth Date _____ Sex _____

Address _____ Phone _____

City, State, Zip _____ Email _____

Are you pregnant? _____

Do you currently have a sunburn/windburn? _____

Do you use Tanning Beds/Booths regularly? _____

Do you get facial waxing, electrolysis or use depilatories? _____

Have you had Collagen, Botox, or Restilyn injections recently? _____

What is your occupation? _____

Do you have tattoos on or near the treatment area(s)? _____

Have you ever had a facial peel? _____ When? _____ What? _____

Describe your reaction _____

Are you facially post-operative? _____ What procedure? _____

Are you allergic to: Apples Citrus Grapes Aloe Vera Aspirin Latex

(Circle all that apply)

Any other allergies? _____

Describe your skin? _____

Do you consider your skin SENSITIVE or RESILIAN? (Circle one)

Eye Color (circle one) Blue Green Hazel Grey Light Brown Dark Brown

Hair Color In treatment area(s) (circle one) Blond Red Light Brown Med. Brown Dark Brown
Black Grey/Silver

Skin Tone (circle one) Pale White Reddish/Freckles Light Olive Med. Olive Dark Olive Brown Black

What is your heritage? _____

Are you using? Frequency Where is it applied?

❖ Retin A _____

❖ Accutane _____

❖ Hormones _____

Glycolic/Alpha Hydroxy Acid home care? _____ Which ones? _____

How does your skin react to them? _____

Have you ever used any products that caused a bad reaction? _____

Do you? (Circle whatever may apply) Smoke Get Cold Sores/ Fever Blisters

Do you have telangiectasia/broken surface capillaries? _____

What is your home skincare regime? _____

What about your skin bothers you and would you like to correct? _____

How did you hear about us? _____

Beautiful You L.L.C.
Informed Consent Hair Removal

Patient Name: _____

Treatment Sites: _____

I duly authorize BEAUTIFUL YOU to perform the hair removal procedure and any other measures which in their opinion may be necessary.

I understand that the Harmony and Estelux are devices used for hair removal and that clinical results may vary in different skin types and hair types. I understand there is a possibility of short term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me _____ (patient initials)

Clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance with pre/post treatment instructions, and individual response to treatment. I understand that epilation with the Harmony and Estelux systems are a safe alternative to methods used for removing unwanted hair, such as shaving, waxing, chemical epilation, and electrolysis.

I understand that treatment by the hair removal system involves a series of treatments and the fee structure has been fully explained to me _____ (patient initials)

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes, possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. _____ (patient initials)

I confirm I am not pregnant at this time, and I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator.

I understand that the hair removal treatment only targets dark hairs and that any gray, red or light hair may not see any reduction in growth. _____(patient initials)

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature: _____

Date: _____

Witness: _____

Beautiful You L.L.C.

Refund Policy

There are no refunds on package or per treatment purchases, gift certificates, and/or open products. If a laser package has been prepaid and a client chooses to discontinue treatment, the remaining credit can be applied toward other services offered by Beautiful You.

If medical conditions restrict a client's treatment program, their account will be placed on hold until they can continue services.

Beautiful You makes no guarantees on any service or product as results can vary from one client to the next.

Follow-up treatments

For some laser hair removal clients, follow-up treatments may be needed. Pricing for follow-up treatments will be discussed during your initial visit.

Your signature below is an agreement and understanding of our refund and follow-up policies.

Client's Signature: _____

Date: _____

Online Deals

So that Beautiful You is able to keep giving our clients the best deals in town, we want to make you aware of the fine print in most online deal specials. Most of the fine print states "FOR NEW CLIENTS ONLY." We always value your business and if you ever see an online deal through a deal site such as Groupon, Living Social, Amazon Local, etc. for Beautiful You, give us a call and we will be happy to match that pricing. Sometimes you may even get a better deal!

As always, we value your business and thank you for choosing us.

Cancellation Policy

In effort to use our business hours more efficiently, Beautiful You is now enforcing a cancellation policy. While consideration will be given to extenuating circumstances, we ask that you give us 24 hours notice if you cannot make your appointment.

As always, we value your business and thank you for choosing us.

I understand that a **\$25.00 cancellation fee** will be charged if I do not show up for my appointment or fail to cancel my scheduled appointment without giving a 24 hour notice.

_____ (signature) _____ (date)

Referral Program

We know the best form of advertising is word of mouth. If you love our services, your friends will too! **For every new person you refer to us that purchases a laser hair removal package from us, we will give you a credit of \$25.00 to use for future services! If they purchase a spray tanning package you will receive a free spray tan.**

The only requirements are that your friend must give us your name at the time of their first visit and they must purchase their services directly from Beautiful You.