

LASER HAIR REMOVAL INFORMED CONSENT AND AUTHORIZATION

You hereby make the following acknowledgments with respect to the services to be received by you under this Agreement:

(i) You hereby voluntarily consent to the elective LHR services and understand that the LHR services will be provided with a Alexandrite Laser and/or a Laser ND YAG laser. These lasers are manufactured by a third party, Corporation. You understand that the LHR services must be repeated several times before satisfactory results are achieved, although there is no warranty or guaranty that all hair will be permanently removed from the area. You understand that a different laser service provider may provide your LHR services at each of your sessions.

(ii) You must strictly comply with all of the service requirements identified below in this Agreement. You agree that we may refuse service if the Service Requirements are not met to our satisfaction with respect to each and every session. You understand that you must notify us if you have not followed the Service Requirements. The following is a list of the Service Requirements (“Service Requirements”) for the LHR Services:

(a) Sun Exposure. You agree to refrain from all forms of sun exposure and tanning to the treatment area during your contract period, or as directed by your Belle Brulé Medical Professional. This includes artificial tanning lights and beds.

(b) Anesthetic Cream. You agree to follow all anesthetic cream instructions;

(c) Hair Removal. You agree that you will not wax, tweeze, or use hair removal creams during the Service Schedule. You agree to shave the Service Area within twenty-four hours (24) prior to each session, unless otherwise instructed by laser service provider;

(d) Medications. You agree to refrain from the use of skin creams and medications that may cause skin sensitivity for at least two (2) weeks prior to each session; and

(e) Health Conditions. You understand that you must notify us promptly if any health conditions change during the Service Schedule. These include, but are not limited to, pregnancy, polycystic ovarian syndrome (PCOS), and other immune deficiency, hormonal, and metabolic disorders.

(iii) You understand that the LHR Services will involve using laser beams at an energy dosage that is relative to skin color, hair color, and texture and that a light cortisone-type ointment, aloe, gel, and/or ice packs may be administered to the Service Area.

(iv) You understand that the total number of sessions will vary based on the size of the Service Area.

(v) You understand that the alternatives to laser hair removal include shaving, waxing, and electrolysis.

(vi) You understand that the LHR Services may involve the following risks or discomforts:





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- (a) Pain, burning, or a stinging sensation at or near the Service Area;
- (b) Scar formation in the Service Area;
- (c) Redness and/or swelling at or near the Service Area;
- (d) Pigmentary (color) changes at the Service Area, including decrease in skin color (hypopigmentation or lightening) and/or increase in skin color (hyperpigmentation or darkening);
- (e) Ulceration and/or infection at or near the Service Area;
- (f) Laser-induced burns or blistering in the Service Area or surrounding tissue;
- (g) Poor cosmetic outcome and/or recurrence of, increase of, or stimulation of hair growth in Service Area;
- (h) Inadvertent damage or removal of moles, beauty marks, or tattoos;
- (i) Eye injury; and
- (j) Temporary increase of acne lesions or folliculitis in the Service Area.

(vii) You understand that LHR will not be provided in the event of the following health: melanoma, AIDS; nor will LHR service be performed over active fungal, bacterial or viral rashes or lesions (e.g., genital warts).

You acknowledge, agree, and represent that you are not experiencing any of the above conditions. You agree that, if you develop any of the above conditions at any time then you will immediately notify our medical director or the laser technician of the condition. The laser technician may elect to postpone your service if you have had a recent chemical peel, laser peel, or other cosmetic procedure, or any other temporary condition of your skin that they deem should resolve prior to your next laser service.

(viii) You understand gray, white, blonde, or red hair colors do not respond to Laser Hair Removal. You also understand that hair regrowth may be caused by hormone medication, and polycystic ovary syndrome ("PCOS").

(ix) You have read this Agreement (including the Terms and Conditions, and this Informed Consent) in full, you understand all of the provisions in this Agreement, and you have been given the opportunity to ask questions regarding the LHR Services.

You authorize us to use your medical information for purposes of informing you of, or marketing to you, additional goods or services that we may offer from time to time. You agree that we may take photos of the service area for medical reasons, or for use in marketing materials provided such photos do not reveal your identity.

You authorize us to use or disclose your medical information, as needed for payment or healthcare operations purposes. For example, we may disclose your information to billing companies, consultants, and other professionals as needed for our day-to-day business activities.

You understand that the provision of cosmetic services is not an exact science and even reputable providers cannot guarantee any results. You understand that the goal of the service is improvement and not perfection. By signing this Consent you grant authority for this service to be performed by a provider at Belle Brulé Rejuvenation, Aesthetics & Anti-Aging.

5500 South State Road 7, Suite 106 Lake Worth, Florida 33449

561-961-9419

www.bellebrule.com

info@bellebrule.com



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Laser Packages

	Small	Medium	Large
	\$75 Session/Area	\$125 Session/Area	\$175 Session/Area
	Underarms	Full Face	Full Leg
	Feet	Chest	Buttocks
	Upper Lip	Half Arm	Stomach
	Chin	Half Leg	Back
	Sideburns/Ears	Half Back	
	Cheeks	Half Stomach	
	Forehead	Bikini Full	
	Back of Neck	Lower Legs	
	Stomach Strip	Upper Legs	
	Peri -Anal		
	Linea		
	Hands		
Total			

SCHEDULE B FEES

You have agreed to the package listed above and below:

You have read this Agreement (including the Fee Schedule, Terms and Conditions, and Informed Consent) in full, you understand, acknowledge, and agree to all of the provisions in this Agreement, and you have been given the opportunity to ask questions regarding the services.

STANDARD PACKAGE

(Minimum 10 sessions required)

Maintenance sessions will be an additional \$25-\$100 per session depending on the area.

Pricing - You agree to pay us a onetime payment for Hair Removal Services in the amount of \$_____. In the event that you elect to discontinue Hair Removal Services or otherwise terminate this Agreement, except in accordance with this Agreement, you will not be entitled to any refund of any portion of this payment.

OR

Pricing - You agree to pay us _____(number of payments) payments of _____ for Hair Removal Services in the total amount of \$_____. In the event that you elect to discontinue Hair Removal Services or otherwise terminate this Agreement, except in accordance with this Agreement, you will not be entitled to any refund of any portion of this payment.

Signature: _____

Date: _____

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