



I consent and authorise _____ to perform a Carbon Facial treatment on me. I understand the following points and have had the opportunity to ask questions during my consultation.

In relation to my treatment, I have been advised as follows:

1. Treatment is successful on most clients but my individual results cannot be guaranteed
2. Exposure to UV Rays will compromise my treatment, therefore I will use SPF 30+ sunscreen
3. Home care requirements
4. Treatment process
5. Side effects

Risks associated with Carbon Facial treatment:

Even though the risk of complication is extremely low, the following can occur: (Please Tick)

- Pigment changes (light or dark spots on the skin) lasting 1-6 months. Freckles may temporarily or permanently disappear in treated areas. Other potential risk includes crusting, itching, pain, bruising, pimple-like bumps, dry skin, hypopigmentation (lightening of the skin), hyperpigmentation (darkening of the skin), blistering, burns, infection, scabbing, swelling, a very small risk of scarring and a failure to achieve the desired result.
- Allergic or delayed inflammatory reactions can develop. Anti-histamines post treatment may be recommended.
- Laser can cause eye injury and protective eyewear must be worn during treatment.
- I consent to photographs being taken to evaluate effectiveness. Photographs revealing my identity will not be used without consent.
- I am aged 18 years or over (otherwise parent or guardian to sign).
- I will advise my clinician of any changes that occur during my treatment that can increase potential risks or reduce efficacy.
- I also understand that there will be no refund for any performed services.

In relation to my initial and all subsequent treatments I advise that: (Please Tick)

- I have not had unprotected sun exposure (including tanning beds and fake tan creams) in the last 4 weeks
- I have no history of seizures and I have disclosed all known allergies (e.g. Latex, etc)
- I am not taking medications causing photosensitivity (prescription/non-prescription) e.g. St John's Wort, Anti-coagulants, etc
- I do not have a history of keloid & hypertrophic scar formation
- I do not have active infections/Immunosuppression
- I do not have open lesions in the areas to be treated
- I do not have Herpes I or II – in the areas to be treated
- I have not used Tretinoin (Retin –A, Renova) within the last 2 weeks.
- I have not had Laser Resurfacing within the last 6 months
- I have not a Chemical Peel within the last 2 weeks
- I have not used oral isotretinoin/Accutane – within the last 6 months
- I have advised my clinician if I am diabetic
- I am not pregnant
- I have received the Pre and Post Care Information Sheet. I agree to adhere to all these recommendations
- Cancellations: (Enter Policy)

I have read all of the above and had all my questions satisfactorily answered. Note: Do not sign this form until you have read and understood all of the above.

Name in Full _____ Date _____

Signature _____ Clinician (witness) _____