

Sage Spa Celluma LED Consent Form

I hereby authorize Sage Spa 431 LLC certified personnel to perform the following procedures or treatments: Celluma light therapy LED (Light Emitting Diode)

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your LED treatment, please be aware of the following information and possible risks. Please initial:

___ I understand there are certain contraindications that would preclude me from receiving LED treatments, including:

Please initial if you DO NOT have the following Medical Contraindications:

- ___ Epilepsy
- ___ Multiple Sclerosis (MS)
- ___ Open wounds
- ___ Are currently pregnant or trying to become pregnant
- ___ Porphyria
- ___ Lupus
- ___ Erythematosis
- ___ Photosensitive Eczema
- ___ Hypomelanism (Albinism)
- ___ Skin Cancer
- ___ Eye Disease
- ___ Retinal Abnormalities

Light Sensitive Contraindications

Please initial if you DO NOT have the following Light Sensitive Contraindications:

___ Chlorpromazine (Anti-psychotic), also known as Thorazine, Chlorpromazine HcL, Sonazine. You can be treated if the medication has not been taken within the last eight days.

___ Griseofulvin (Anti-Fungal), also known as Grifulvin V, Fulvicin P/G, Gris-Peg. You can be treated if the medication has not been taken within the last five days.

___ Isotretinoin (Anti-Acne), also known as Accutane. You can be treated if the medication has not been taken within the last six months.

___ Tetracycline's (Antibiotic) also known as Retin-A, Renova, Atralin, among others. You can be treated if Tretinoin is used only at night.

___ Methotrexate (Anti-Arthritis & Anti-Cancer), also known as Methotrexate Sodium, PF & LPF, Mexate-AQ, Folex, Trexall. You can be treated if the medication has not been taken within the last three days.

___ Amiodarone (Anti-Arrhythmic), also known as Amiodarone Codarone x, Pacerone. Treatment can be administered only with your physician's written permission.

___ Any herbal supplements such as St. John Warts. _____ **TURN OVER →**

Pre-Care

Please read carefully

DON'T go to a tanning bed two weeks prior to treatment. This practice should be discontinued due to the increased risk of skin cancer and signs of aging.

DON'T have another treatment unless recommended

DON'T wax, tweeze or use depilatory creams for 7 days prior

AVOID extended sun exposure especially in the 10 days prior to treatment

DELAY use of Tretinoin, Retin-A, Renova, Differin, Tazorac, EpiDuo, Ziana and high-percentage AHA and BHA products for approximately seven days prior to treatment. Consult your Physician before temporarily discontinuing use of any prescription medications.

I understand there are other precautions that should be considered before receiving LED therapy treatments and may require a doctor's release and/or I assume any risk involved.

I understand that reactions are rare, but may include nausea, dizziness, weakness, and possible skin reactions including redness and/or other irritations.

I understand that while the goal of this treatment is to improve the vitality of the skin, no specific guarantees of the result can or have been made.

I understand that it is imperative to my health that I disclose all of the information requested in the Client Profile/Health History.

I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

I hereby give my consent and voluntary release to Sage Spa 431 LLC from any claims, implied or stated that I have or may have in the future with this treatment, regardless of result. I certify that I have read and fully understand the possibility of known and unknown risks, complications and limitations to this procedure. I agree that this constitutes my full disclosure of my medical and health background. I am stating that the treatment and precautions have been explained to me in great detail and that I fully understand. I give permission to Sage Spa 431 LLC specialist to perform the LED procedure we have discussed.

Client Signature: _____

Date: _____