



CLIENT CONSENT FOR EPILFREE TREATMENTS

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I hereby give my consent to have my hair removed by means of the Epilfree treatment:

- I confirm that I have received an explanation of the method of treatment, of the products and their components.
- I have received an explanation of the expected results, which include slowing down the growth of the majority of existing hair.
- It has been explained to me that the hair removal is not absolute and permanent, but that the quantity of hair is reduced over time.
- I have received an explanation that, at this time, it is known that at least 12 treatments are required for this purpose, and sometimes even more.
- I am aware that the hair growth cycles are between 3-6 months long, so that the treatments must continue for at least 12 months in order to cover the majority of the hair growth cycles. In the case of hormonal problems, the treatment period will be longer and the number of treatments greater.
- I have received an explanation that the way in which hair grows depends on many and varied factors and that the results may differ from one person to another, as well as from one body part to the next.
- I have received an explanation that I must avoid being in the sun on the day of the treatment in order to prevent the possibility of pigmentation (which causes brown patches) on the skin (waxing effect).

SIDE EFFECTS:

I have received an explanation that redness and a light burning sensation might appear for a short time after the treatment (waxing effect).

I have received an explanation that hair growth into the skin often occurs, and tiny red bumps appear at these points. This effect can be resolved by a dermatological treatment.

In the event that the redness does not disappear within a short time, or a burning sensation in the treatment area continues beyond the day of treatment, it is necessary to come to us for diagnosis and treatment.

HEALTH STATEMENT:

1. I hereby declare that I am not suffering from any skin diseases, skin problems or any other condition that might prevent me from obtaining the epilation and the hair removal treatment.
If there are problems, please give details: _____
2. I declare that I do not take any medication that might interfere with the treatment
If you do, please give details: _____
3. In case of any doubt, on the part of the client or of the salon/spa, concerning any skin problems of the client, a specialist must be consulted.
4. In the case of a minor, the signature of one of the parents is required.

Name: _____ I.D. No: _____

Cellphone: _____ Town / City: _____

Date: _____ Signature: _____