



Laser Treatment Acknowledgement Form

Full Name: _____ Date Of Birth: _____

Treatment Number: _____ Areas Being Treated: _____

Skin Type: _____

Describe Skin Condition:

Before: _____

After: _____

Please Circle Yes or No to the Following Questions:

- Have you waxed or tweezed within 1 month prior to laser treatment? YES NO
- Have you taken antibiotics within 7 days prior to laser treatment? YES NO
- Have you used self-tanners/spray tans within 2 weeks prior to laser treatment? YES NO
- Have you used any RETINOL / BENZYOL PEROXIDE containing products within 7 days prior to laser treatment? YES NO
- Have you had sun exposure or utilized tanning beds within 2 weeks prior to laser treatment.? YES NO
- Do you any tattoos in the area to be treated? YES NO
- Are you pregnant ? YES NO

Patient has been advised of the following post-treatment care:

- Use sunscreen when in the sun especially on facial areas.
- Do not apply lotion or moisturizer 24 hours after treatment.
- Avoid saunas, hot tubs, and other situations (including exercise) that may cause heat or friction for at least 24 hours after treatment.
- Do not exfoliate or use Retinol or Retin-A on any treated area for a week.
- Do not tan (indoor or outdoor) for two weeks after.
- Do not use excessively hot water in bathing.
- Do not pick, scratch, or rub treated area.

WITH MY SIGNATURE, I CERTIFY & ACKNOWLEDGE THAT ALL THE ABOVE IS TRUE.

Patient Signature: _____ Date: _____

Laser Tech. Signature: _____ Date: _____

Configuration (For office use only) : _____