

Simply Organic Skincare

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Consent Form for LED Facial Treatment

LED, stands for light-emitting-diodes, is a painless skin-care treatment that plumps up aging skin by boosting collagen production and treats mild to moderate acne by killing the bacteria responsible for breakouts. First developed by NASA, LED works by sending energy-producing packets of light into the deeper layers of the skin. *Red light LED stimulates the fibroblasts that produce collagen*, which gives young skin its plump look. Blue light LED works by killing *propionibacterium acnes* (or p-bad) that lives below the surface of the skin and is responsible for acne.

Benefits of LED:

- Improve fine lines & wrinkles
- Rejuvenate dull skin
- Lighten sun damage
- Reduce & heal blemished skin
- Treat dehydration

Contraindications: If any of the following apply, you are NOT a good candidate for LED Light Therapy (Please check any and all that apply)

- Cancer
- Epilepsy
- Pregnancy
- Panic Disorder / Claustrophobia
- Hypersensitivity to light or "photo allergy"
- Tendency toward photo-toxic reactions
- Taking of photo-sensitizing or photo-toxic medication
- Do not use with heat inducing products
- Do not use with chemical peels
- Do not use if under a physician's care (you must provide a doctor's note authorizing treatment)

Please consult your physician regarding any concerns or questions about contraindications or other medical concerns.

Authorization: I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to my skin care specialist to perform the LED procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs. I do not hold the skin care specialist responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Name: _____ Cell: _____

Signature: _____ Date: _____