

LED/LASER HAIR STIMULATION CONSENT

Light therapy is a scientific approach to treating hair loss, which combines the latest technology in cosmetic light energy with a program of hair care products. While newer in the US, Light therapy has been used throughout Europe, Russia, Israel and other countries for over a decade to treat hair loss in both men and women. To achieve maximum benefit from this therapy, it is important that clients adhere to the prescribed regimen and treatment protocols. The term of the treatment program is one year for clients whose goal is to stop the progression of their hair loss and create the healthiest environment in which hair can re-grow. I understand if Monoxidil is to be used in the hair treatment then the possible side effect of hair shedding can occur during its use. A strict regimen of treatments should be adhered to for maximum results. For best results, following the first 12 months of treatment, clients should continue to care for their hair using chemical free laser hair care products.

Twelve month treatment program: _____

All of my questions have been answered. I acknowledge that I must commit to this program in the hopes that I might benefit from this new technology. I understand that results vary from person to person. I further understand that this is not a cure for baldness but a treatment to help stop or slow down hair loss and new growth may occur but my results may be other than what I expect. The efficiency and nature of this procedure has not been entirely studied, however what is known has been fully explained to me.

I acknowledge that no guarantee has been made to me by anyone regarding the results of the light therapy treatments, which I have requested and authorized. The fee for the program includes all diagnostic tests, treatments and products. This program and funds are non-refundable unless a physician's documentation confirms continuance will be detrimental to the client's health.

I accept the consequences of this treatment and release the center, the doctor and the technician from liability for the above procedure.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____