

DELICATE LASER & SKINCARE
LASER/ IPL SERVICE
SERVICE WAIVER

1. Are you pregnant? YES ___ NO ___ INITIALS ___

2 Have you ever had the following: heart surgery. pacemaker put in, seizure attacks or diabetes?
YES ___ NO ___ INITIALS ___

3) Are you currently taking accutane or have taken accutane in the last 6 months?
YES ___ NO ___ INITIALS ___

4) Do you have any allergies? YES ___ NO ___ INITIALS ___
if yes, please explain: _____

5) Do you go to a tanning salon? YES ___ NO ___ INITIALS ___

6) Do you have any tattoo(s) on your body? YES ___ NO ___ INITIALS ___
If yes, where is/are they located? _____

* By initialling you acknowledge you are aware of our Pre/ Post treatment instructions. INITIALS ___

**If you are not aware please let a staff member know and they will provide you with the pre/post instructions.

* By initialling you acknowledge payment for services are non refundable. INITIALS ___

* By initially agreeing you will stay out of extreme sun for 4 weeks post treatment. INITIALS ___

TODAYS SERVICE: _____

By initialising you acknowledge that it is irritation, itching. mild burning. pain, blisters, hyperpigmentation., scarring and/ or bruising can occur post treatment. INITIALS ___

I hereby release DELICATE LASER & SKINCARE and its officers, directors, agents, employees, and contractors from liability from any injury, loss, or damages that may result from any use of equipment or any services or treatments provided. This release binds my heirs, successors, and assigns. INTILIALS _____

Print name: _____

Signature: _____

Date: _____

Phone number: _____

***Clients under the age of 18 must have a
parent or legal guardian***

Print name: _____

Parent legal guardian: _____