

Technician Signature _____ Date _____
 Patient/Client Signature _____ Date _____

FITZPATRICK SKIN TYPE EVALUATION

SCORE	0	1	2	3	4	Your Score
Your natural eye color?	Light Blue, Gray, Green	Blue, Gray, Green	Dark Blue	Dark Brown	Brownish Black	
Natural color of hair being treated?	Sandy or Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black	
Color of your NON-EXPOSED skin?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	None	
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	

Genetic Disposition Score _____

SCORE	0	1	2	3	4	Your Score
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burn, sometimes followed by peeling	Rarely burn	Never burn	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown quickly	
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	

Sun Reaction Score _____

SCORE	0	1	2	3	4	Your Score
When did you <u>LAST EXPOSE</u> your body to the sun or tanning booth, or use tanning cream?	More than three months ago	Two to three months ago	One to two months ago	Less than one month	Less than two weeks	
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	

Tanning Habits Score _____

TOTAL SCORE _____

Determine Fitzpatrick Skin Type Using the Following Table

Fitzpatrick Skin Type	I	II	III	IV	V/VI
Skin Type Total Score	0-7	8-16	17-25	25-30	> 30

PHOTOFACIAL PRE/POST CARE

Please stop using alpha hydroxy acids or Retin-A and Renoba three days to two weeks prior to treatment on the face.

We cannot safely treat tan skin (tanning bed, sun exposure, or self tanners)

Please allow a minimum of three to four weeks to lose any tan prior to treatment. It is advisable to not tan for two weeks after your treatment.

Use a strong sunscreen when a treated area will be exposed to the sun.

Photofacials can cause temporary removal of hair in the treatment area. Please discuss this with your technician.

If you have history of cold sores, taking an anti-viral medication will help to prevent the activation of the virus.

Immediately after the treatments, there may be redness in the treatment area, which may last up to two hours or longer. It is normal for the treated area to feel like sunburn for a few hours. You should use a cold compress if needed.

No heat exposure for a minimum of 48 hours, this includes hot tubs, saunas, steam rooms and heavy exercising.

Avoid sun exposure to reduce the chance of dark or light spots during the course of the treatment and use a sunscreen with SPF 30 or higher at all times throughout your treatment series.

Avoid picking or scratching the treated skin. DO NOT USE any products with AHA's, retinols, Retin-A or other active ingredients for two weeks.

Let the pigmented lesions come to the surface of the skin and exfoliate naturally.

You may shower after photofacial treatments, the treated area may be washed gently with a mild soap. Skin should be patted dry, not rubbed.

Patient Signature: _____

SUBLATIVE PRE/POST CARE

Please stop using alpha hydroxy acids or Retin-A and Renoba three days to two weeks prior to treatment on the face.

We cannot safely treat tan skin (tanning bed, sun exposure, or self tanners)

Please allow a minimum of three to four weeks to lose any tan prior to treatment. It is advisable to not tan for two weeks after your treatment.

Use a strong sunscreen when a treated area will be exposed to the sun.

If you have history of cold sores, taking an anti-viral medication will help to prevent the activation of the virus.

No heat exposure for a minimum of 48 hours, this includes hot tubs, saunas, steam rooms and heavy exercising.

You may apply powdered makeup the day after treatment and you may begin using foundation two days post treatment if desired.

Avoid creams with active ingredients such as AHA or retinoids which irritate the skin and could impede the healing process.

Do not sleep on the treated area, to help avoid any swelling (sleep on your back rather than your side if your face has been treated).

Do not use any cold compresses, aloe or other cooling moisturizers the first day of treatment to allow the area to breathe and heal naturally. The next day, aloe and other moisturizers are recommended.

Avoid sun exposure during treatment and healing phases and/or wear sunscreen with an SPF of 30 or higher.

Patient Signature: _____

I duly authorize the technicians at Senza Pelo Med Spa to perform Elos treatment.

I understand that the Elos is a device used for dermatologic procedures requiring ablation of soft tissue and skin resurfacing or treatment of pigmentation, of which I am consenting to be a patient receiving treatment.

I understand that the clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment. The average healing time for the sublative is 7-10 days and in some cases up to two or three weeks while the healing time for the IPL photofacial is 4-5 days and in some cases one or two weeks.

I understand that there is a possibility of short term effects such as reddening, swelling, scab formation, temporary discoloration of the skin, as well as the possibility of rare side effects such as burn, scarring and permanent discoloration. These effects have been explained to me. _____ (initials)

I understand that treatment with the Elos involves a series of treatments and the fee structure has been fully explained to me. _____ (initials)

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken, as well as my past and planned exposure to sun, sun-bed and tanning creams.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature _____ Date _____

Witness _____ Date _____

ARIZONA LASER, ELECTROLYSIS & SKIN CARE

Policies Concerning Late and Cancelled Appointments and Returned Checks:

- Please notify Arizona Laser, Electrolysis & Skin Care within the time frames listed below when cancelling or changing an appointment:
 - 24 hours notice for appointments one hour or less.
 - 72 hours notice for appointments more than one hour.
 - Any treatment 4 hours or more require a 96-hour notice.

Adequate notification will allow for any openings to be filled.

- A fee of \$10.00 per half hour will be charged for late cancellations or “no shows” for electrolysis and skin care treatments. A \$35.00 charge will be required for late cancellations or “no shows” for laser treatments and treatments with our Nurse.
- Being late for an appointment will be included in the treatment time.
- Three “no shows” will require prepayment of the treatment.
- There will be a \$25.00 service charge for returned checks.
- All Saturday appointments are prepay only for scheduled time.
- We do offer e-mail and text message appointment reminders that are sent out two days prior to your appointment. Occasionally, we have technical difficulties with our system so you are still responsible for your appointment whether or not you receive your reminder.

Patient Signature: _____

Technician Signature: _____