Iris Beauty Solution – Consent Form for IPL, Lumecca IPL & Laser Hair Removal Treatments

Client Information

First Name: _____ Last Name: _____

Phone: _____ Email: _____

1. General Consent

I authorize Iris Beauty Solution to perform one or more of the following non-medical beauty treatments:
- IPL Skin Rejuvenation
- Lumecca IPL
- Laser Hair Removal (Diode or IPL)

I understand that results vary depending on skin type, hair type, individual response, and adherence to aftercare instructions. I have been fully informed about the procedure, expected benefits, possible side effects, and post-procedure changes to the skin.

2. Treatment Information

IPL & Lumecca IPL – Used for skin rejuvenation, improving pigmentation, redness, and texture. Possible immediate effects: mild redness, warmth, or swelling. Multiple sessions may be required for best results.

Laser Hair Removal – Uses diode or IPL technology to reduce unwanted hair. Possible immediate effects: redness, slight swelling, sensitivity in treated areas. Multiple sessions are required for optimal results.

3. Preparation Requirements

- All Treatments: Avoid sun exposure, tanning beds, and self-tanners for at least 2 weeks before and after treatment. Always use SPF 30+ daily on treated areas.
- Laser Hair Removal Only: Shave the treatment area within 24 hours before the appointment. Do not wax, pluck, or use depilatory creams for at least 4 weeks prior.

4. Possible Risks & Side Effects

I acknowledge that side effects may include, but are not limited to:
- Temporary redness, swelling, mild discomfort, or sensitivity
- Pigment changes (lightening or darkening)
- Blistering, crusting, or scabbing
- Rare risk of scarring or texture change
- Temporary shedding of hair (Laser Hair Removal)

I accept that while adverse reactions are rare, I am fully responsible for any risks or complications and release Iris Beauty Solution, its employees, and agents from liability.

5. Treatment Suitability

I confirm I do not have:
- Pregnancy or nursing status
- Active infection, rash, or open wound in the treatment area
- History of keloid scarring, abnormal wound healing, or skin cancer in the treatment area
- Recent use of isotretinoin (Accutane) within 6 months
- Recent sunburn or tanning within the last 2 weeks
- Any medical condition that could impair skin healing

I have disclosed all relevant medical history to my provider.

6. Aftercare Instructions

- Avoid sun exposure for at least 2 weeks post-treatment; apply SPF 30+ daily.
- Avoid hot baths, saunas, or strenuous exercise for 24–48 hours.
- Avoid harsh skincare products (retinoids, scrubs, acids) on treated areas for 5–7 days.
- Follow any additional aftercare provided by your technician.

7. Photo & Video Consent

I consent to before, during, and after photographs/videos for treatment records, education, or marketing. My eyes will be masked in all images to protect my identity.

8. Acknowledgment

I have read and understood this form, had the opportunity to ask questions, and agree to proceed with treatment.

Signature: _____ Date