

LED LIGHT THERAPY TREATMENT CONSENT FORM

What is LED Light Therapy

LED Light Therapy is a non-invasive form of phototherapy that takes advantage of the essential wavelength spectrum optimized for light to penetrate deep into the body. This light stimulates cellular repair and skin regeneration, helping to rejuvenate skin and release toxins from cells.

How it works

LED Light Therapy uses varying wavelengths of light to help regenerate the skin and increase the healing process. Low wattage light is directed through the skin's epidermis and aimed at fibroblast cells, which produce collagen and elastin. The light stimulates the cell's own energy transport system, helping nurture and renew the skin.

What you can expect

- LED Light Therapy is a painless procedure, after treatment you may feel slightly warm.
- During the application, you may feel a sense of warmth, like you would if you are sitting in the sun.
- The procedure doesn't require any recovery time. Typically, you can get back to your daily routine right after the treatment.

Before and aftercare

Before the treatment, you are not required to do anything special, however, keeping your body well hydrated is strongly recommended. After treatment is recommended you avoid sun exposure and apply sunscreen for 2-3 days.

How many treatments?

Results are cumulative. 8-10 treatments spaced 1-2 weeks apart are recommended for optimal results.

During your consultation, our specialist will work with you to develop a tailored treatment plan, to achieve the best possible results for your concerns.

We will use our experience and expertise to be able to provide you with the closest guide possible when advising the number of sessions required.

Please note, results will vary client to client due to age, lifestyle and condition of the skin.

Some clients see results a lot quicker than others however this again will vary person to person. Please be patient, we are just as excited about seeing the results as you are.

Do you have any of the following?

- | | |
|---|----------|
| • Pregnant or breastfeeding | Yes / No |
| • Isotretinoin (Accutane, Roaccutane) or other similar medication | Yes / No |
| • Tretinoin (Retin-A, Retinol) | Yes / No |
| • St John's Wort | Yes / No |
| • Epilepsy or seizure disorders | Yes / No |
| • Autoimmune and metabolic disorders | Yes / No |
| • Acute inflammatory processes or skin conditions | Yes / No |
| • Anti-arthritis medication (Azathioprine) | Yes / No |
| • Open wounds or recent surgeries in treatment area | Yes / No |
| • Light induced migraines | Yes / No |
| • Photosensitivity | Yes / No |
| • Active skin infections | Yes / No |

If you answer YES to any of these questions, please specify: _____

Pictures may be obtained for clinical records. If pictures are used for education or marketing purposes, all identifying marks will be cropped or removed. Initial: ____

Print
Name

Signature

Date