RADIANT
LASER

RADIANT DIODE
PLATINUM

LASER HAIR REMOVAL TREATMENT
CONSENT AND INFORMED WAIVER



CLIENT INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone: _____

Email: _____

Address (optional): _____

TREATMENT INFORMATION

The Radiant Diode Platinum is a medical-grade diode laser system designed for laser hair removal. It uses focused light energy to target the hair follicle, reducing unwanted hair growth over a series of treatments. Multiple sessions are typically required for optimal results and maintenance treatments may be recommended.

POTENTIAL BENEFITS

- Long-term reduction of unwanted hair
- Smoother skin with less frequent shaving, waxing or other hair removal methods
- Convenient and non-invasive treatment
- Suitable for various body areas and skin types (as assessed by a trained professional)

POTENTIAL RISKS AND SIDE EFFECTS

Although laser hair removal is generally safe when performed by a trained and qualified professional, possible side effects may include:

- Temporary redness
- Swelling
- Mild discomfort or heat sensation
- Itching
- Folliculitis (inflammation of hair follicles)
- Changes in skin pigmentation (lighter or darker areas)
- Crusting or temporary epidermal changes
- Rare risk of blistering, scarring or skin infection

CONTRAINDICATIONS (Treatment may not be suitable if you have:)

- Pregnancy or breastfeeding
- Active skin infections (e.g. cold sores, bacterial, fungal or viral)
- History of skin cancer or pre-cancerous lesions in the treatment area
- Recent tanning, sunburn or excessive sun exposure
- Photosensitive conditions or medications (e.g. certain antiboitics, isotretinoin/Accutane)
- Use of blood-thinning medications (as advised by your healthcare provider)
- Uncontrolled medical conditions (e.g. diabetes, autoimmune disorders)
- History of keloid scarring
- Any other condition that, in the opinion of the practitioner, may make the treatment unsafe

CLIENT ACKNOWLEDGEMENT AND CONSENT

- ☐ I have read and understood the information provided above.
- ☐ I have had the opportunity to ask questions and have received satisfactory answers.
- ☐ I understand the potential risks, side effects and benefits of the Radiant Diode Platinum laser hair removal treatment.
- ☐ I confirm that I have disclosed my complete medical history, current medications and any skin conditions to the practitioner.
- ☐ I understand that multiple treatment sessions are typically required for optimal results and that results may vary.
- ☐ I understand that no guarantee can be made regarding the outcome of the treatment.
- ☐ I agree to follow all pre- and post-treatment care instructions provided by the clinic.
- ☐ I voluntarily consent to receive the Radiant Diode Platinum laser hair removal treatment.
- ☐ I release the clinic, its owners, employees and affiliated partners from any liability related to the treatment, except in cases of negligence.

CLIENT SIGNATURE

Client Signature: _____ Date: _____

Practitioner Name: _____ Date: _____