Epilfree

EPILFREE

I confirm that I have read, understood and answered the questions correctly to the best of my knowledge. I hereby declare that all the information is true. I confirm that I have received an explanation of the method of treatment, of the products and their components. I have received an explanation of the expected results, which include slowing down the growth of the majority of existing hair. It has been explained to me that the hair removal is not absolute and permanent, but that the quantity of hair is reduced over time. I have received an explanation that, at this time, it is known that at least 12 treatments are required for this purpose, and sometimes even more. I am aware that the hair growth cycles are between 3-6 months long, so that the treatments must continue for at least 12 months in order to cover the majority of the hair growth cycles. In the case of hormonal problems, the treatment period will be longer and the number of treatments greater. I have received an explanation that the way in which hair grows depends on many and varied factors and that the results may differ from one person to another, as well as from one body part to the next. I have received information regarding the various factors that may have an effect on hair growth and results. i.e. Botox, Hormones, Medication, Stress and Activities. I understand that I have to follow post treatment/aftercare to achieve optimum results. I confirm that an Aftercare Card has been given and explained to me. I have received an explanation that I must avoid being in the sun on the day of the treatment in order to prevent the possibility of pigmentation (which causes brown patches) on the skin (waxing effect). I hereby give consent for photographs to be taken of the treated areas to assess my progress. I am aware of the importance of the before pictures to manage the results. I am aware that no warranty or guarantee is given regarding the results. In the case of a minor, the signature of one of the parents is required

I authorise the taking of clinical photographs and videos. I understand that photographs and video may be taken of me for educational and marketing purposes. I hold the practitioner harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

Have you ever had waxing?

◯ Yes ◯ No

Have you ever had a laser/PL?

◯ Yes ◯ No

Have you ever had varicose veins?

◯ Yes ◯ No

Have you ever had botox injections?

◯ Yes ◯ No

Have you ever had chemical peels?

◯ Yes ◯ No

Have you ever had microdermabrasion?

◯ Yes ◯ No

Have you ever had microneedling?

◯ Yes ◯ No

I hereby declare that I am not suffering from any skin diseases, skin problems or any other condition that might prevent me from obtaining the epilation and the hair removal treatment.

If there are problems, please give details

I declare that I do not take any medication that might interfere with the treatment.

If you do, please give details