

Lamprobe Consent

2051 Hamill Road, Suite 301
Hixson, TN 37343

PATIENT NAME: _____

PROCEDURE: LAMPROBE TREATMENT

The undersigned acknowledge that Carol Billingsley has explained the nature of all the above noted treatment procedures including the risks and dangers inherent. As in any cosmetic procedure, the treatment goal is for esthetic improvement, not perfection. Risks associated with the Lamprobe are minimal and may include burns, scabing, skin discoloration, and scarring, thus it is extremely important to follow home care advice to minimize these risks. The number of treatments necessary will vary between individuals and the areas being treated. Several factors including skin color, age, hormonal activity, inherited conditions, and other influences may decrease effectiveness of treatments.

I hereby consent to Carol Billingsley performing the above treatment procedures on me and in consideration of their doing so. I hereby release and forever discharge Carol Billingsley, Its officers and employees of and from all claims, demands, damages action or cause of arising out of the performance of the said treatment procedure: Which I, my heirs executors, administrators or assigns can, shall or may have. No refund on treatments.

Signature

Date

Witness Signature

Date