Body Aesthetics
Confidence changes everything!

GENTLE FAMILY · 755 nm and 1064 nm

LASER HAIR REMOVAL

Informed Consent Declaration

Nature of the Procedure

Our laser hair removal is a medical procedure performed with one of the world's leading medical laser platforms - Gentle Family. We have a 755 nm Alexandrite laser and a 1064 nm Nd:YAG laser. This combination allows us to treat a broad range of hair on all skin phototypes - I to VI - including tanned skin, following individual assessment and selection of the appropriate wavelength.

We can achieve permanent reduction of very light and fine hair when it contains sufficient melanin, as well as dense, dark hair. White, grey and vellus hair does not respond reliably to laser hair removal.

The light is attracted to melanin in the hair, reaches the root and is converted into heat through photothermal exchange, damaging the follicle. Gentle Family allows short pulses and high efficacy with precisely selected parameters.

Course, Intervals and Expected Results

- Usually 6-8 procedures for the body; the face may require 10-12 depending on the nature of the hair.
- According to clinical studies and under ideal conditions, after a correctly completed course of 6 procedures, reduction may reach up to 89% (observed results 80-89%). Individual results may vary and are not guaranteed.
- Intervals follow the hair-growth cycle: face - 30-45 days; torso - 45-60 days; legs - 60-90 days.

Possible Reactions

- redness lasting several minutes or hours;
- perifollicular reaction - mild swelling and redness around the follicle; this is a desired reaction and may last minutes or hours;
- in rare cases - superficial burns or pigmentation changes, including when safety rules are not followed.

Absolute Contraindications

- epilepsy;
- vitiligo, lupus or an undiagnosed skin condition - consultation with a dermatologist is required;
- neoplasm;
- history of cancer, chemotherapy or radiotherapy;
- pregnancy;
- tattoo or permanent make-up in the area.

Temporary Contraindications

- active herpes in the area;
- photosensitising medication, including Biseptol, doxycycline, azithromycin, ciprofloxacin, tetracycline, levofloxacin, Zovirax/acyclovir, clarithromycin, Tavanic, Azax, Sumamed and others;
- vitamins A and E above the recommended daily dose;
- within the last 7 days in the area: high concentrations of acids, retinol, vitamins A, C and E, including coconut, argan, cocoa, almond and other oils;
- Neotigason, Tigason, Roaccutane or similar acne medication within the last 6 months;
- another laser, facial cleansing, dermabrasion, injectable procedure or filler;
- hormonal disorder or breastfeeding - these may affect the result;
- uncontrolled diabetes, history of keloids, current skin disease or wound, allergy or sun allergy.

Safety Rules

Following individual assessment, the procedure may be postponed if:

- sun protection has not been used for at least 14 days beforehand;
- there has been recent active sun exposure, solarium use, self-tanner or spray tan within the last 14 days;
- hair has been removed with wax, an epilator or tweezers within the last 3 weeks;
- there has been peeling or exfoliation in the area within the last 10 days;
- there is a shaving injury or the skin is irritated for another reason;
- cosmetics have been applied immediately before the procedure.

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Preparation Before the Procedure

- Body: shave the area at least 12 hours beforehand; the hair must not feel stubbly. Do not use depilatory cream.
- Face: do not remove the hair; the therapist will define the area and parameters and remove it at the centre.
- For large areas, do not apply lotion or other cosmetics after showering.
- Sunscreen, make-up, deodorant or stick products will be removed at the centre.
- Wear comfortable clothing that covers the treated areas.

Aftercare

- Use sun-protection products on exposed areas for at least 14 days.
- Use moisturising skincare.
- If you experience burning or a sensation of a burn, apply a thick local layer of Panthenol spray foam and contact us immediately.
- On the day of the procedure, shower with lukewarm water; do not use a sauna, steam bath or public pool.
- For areas subject to increased perspiration and friction, do not exercise on the day after the procedure, to avoid inflammation.

Information You Must Share with the Therapist

- the previous hair-removal method and the last time hair was pulled out in the area;
- the period of photoprotection, the most recent sun exposure or tanning, and the presence of an active tan;
- the most recent exfoliation of the area;
- current medication or specific cosmetics;
- current and systemic illnesses;
- known hormonal disorders - polycystic ovary syndrome, insulin resistance, elevated testosterone - and when they were last monitored.

Client Declaration

- I have read and understood the information, aftercare, warnings and possible reactions.
- I have provided complete and accurate information and have not withheld a contraindication.
- I will notify Body Aesthetics of any change during the course: medication/cosmetic product, illness, allergic reaction, pregnancy or another recent/planned procedure.
- I understand that reactions and results are individual and depend on the body, lifestyle, diet, physical activity and hormonal status.
- I consent to the maintenance of a personal record containing information about the procedures.
- I had the opportunity to ask questions and received comprehensive answers; I consent to the procedure being performed.
- I understand that Body Aesthetics and the therapist are not liable if I fail to follow the instructions or to report a change.

☐ I have read and understood the conditions and contraindications for laser hair removal.

☐ I have read the BODY AESTHETICS PRIVACY AND PERSONAL DATA PROTECTION POLICY and the Terms and Conditions published on the website, and I agree to them.

Photographs and Measurements

1. For recording and monitoring results:

☐ I AGREE ☐ I DO NOT AGREE

2. For publishing images approved by me, showing "before/after" results, on Body Aesthetics social media and website:

☐ I AGREE ☐ I DO NOT AGREE

Client Details and Signatures

Full name _____ Date of birth _____

Telephone _____ Email _____

Date _____ Client signature _____ Therapist name and signature _____