LADYLICIOUS®
BEAUTYTAINMENT

Permanent Hair Removal with Diode Laser

Dear Client,

please take note of the following information during your treatment:

- Multiple sessions are usually required for permanent hair removal. Within about 3 weeks after the treatment, almost all hairs fall out but around 80% will grow back.
- The areas to be treated must be shaved before the appointment – ideally one day in advance. For at least 6 weeks before the treatment, the hair must not be plucked, waxed, or epilated.
- For at least 3–4 weeks before and after the treatment, sunbathing and visits to tanning beds should be avoided. The lighter the skin, the more effective the treatment.
- The treated areas may show slight redness, which will subside within a few days.
- Pregnant women should not undergo treatment, as due to hormonal changes a successful result cannot be guaranteed. In addition, hormonal fluctuations during pregnancy can lead to increased pigmentation. Normally, the hormonal balance returns within one year after breastfeeding.
- For diabetics or those taking St. John's Wort, cortisone, antibiotics or similar medication, treatment is not recommended, as these can cause increased skin photosensitivity.
- In cases of herpes, treatment should not be carried out, since the virus may spread to other areas of skin.
- If you suffer from photosensitivity or light allergies, treatment is not possible due to the risk of burns or inflammation. Should you still wish to undergo treatment, please consult your physician first.
- It is recommended to have a skin cancer screening before starting treatments. In the worst case, if skin cancer is in an early stage, diode laser treatment can make it more difficult for the doctor to detect due to pigment changes in the skin.
- Treatment is excluded if skin cancer is present. Should your health condition change during the course of treatment, you must inform your doctor and your practitioner.
- Treatments on tattooed skin or areas with body art (such as henna, permanent make-up, microblading, UV tattoos) are prohibited. The device works by targeting melanin in hair pigments; since it cannot distinguish between hair pigment and tattoo pigment, there is a risk of burns and permanent scarring.

- Taking hormone preparations may negatively influence treatment results.
- During cortisone therapy (taken orally or applied topically), no treatment may be performed until the cortisone has been fully metabolized.
- After the third and fourth session, you may temporarily notice more hair than before. This occurs because the initial treatment stimulates dormant follicles into growth. Once active, they can be effectively treated, significantly reducing the chance of regrowth in later years.
- Before each session, ultrasound gel is applied to the skin.
- If you have hyaluronic acid or Botox injections, please note that these may break down more quickly than usual after facial laser or skin rejuvenation treatments.
- Results may vary and depend on several individual factors.
- After completing the full course of treatments, it is advisable to have a maintenance session once a year.

CLIENT INFORMATION

First Name _____

Last Name _____

Date of Birth _____

Address _____

ZIP / City _____

PHONE _____

EMAIL _____

QUESTIONNAIRE

Dear Client,

please take your time to complete this form and discuss it with one of our staff members if necessary. Your answers will help us select the most suitable treatment for you.

Please note that in the cases listed below, treatment is excluded. We recommend that you first consult your physician in order to obtain approval for the treatment.

Do you have one or more of the following conditions?
(Please tick where applicable)

Cardiac arrhythmias	Yes ☐	No ☐
Pacemaker	Yes ☐	No ☐
Skin inflammations	Yes ☐	No ☐
Metabolic disorders (e.g. diabetes, thyroid disease, etc.)	Yes ☐	No ☐

Comments:

Do you currently have any general health complaints?	Yes ☐	No ☐

If yes, which?

Are you currently taking any of the following medications?

Iron supplements	Yes ☐	No ☐
Cortisone	Yes ☐	No ☐
Antibiotics	Yes ☐	No ☐
Antidepressants	Yes ☐	No ☐
St. John's Wort	Yes ☐	No ☐

Do you suffer from any skin diseases?

Neurodermatitis (atopic dermatitis)	Yes ☐	No ☐
Skin cancer	Yes ☐	No ☐
Psoriasis	Yes ☐	No ☐
Vitiligo (white spot disease)	Yes ☐	No ☐
Eczema	Yes ☐	No ☐
Acute skin diseases (e.g. fungal infections)	Yes ☐	No ☐
Other skin diseases	Yes ☐	No ☐

If yes, which?

Do you suffer from any infections?

Acute herpes	Yes ☐	No ☐
Acute fever	Yes ☐	No ☐
Other infections	Yes ☐	No ☐

If yes, which?

Do you suffer from any other illnesses?

Epilepsy	Yes ☐	No ☐
Thyroid disorders (e.g. hyperthyroidism or hypothyroidism)	Yes ☐	No ☐
Other illnesses	Yes ☐	No ☐

If yes, which?

Pregnancy

Are you pregnant?	Yes ☐	No ☐

Liegen bei Ihnen vor?

Protheses	Yes ☐	No ☐
Implants (e.g. silicone, dental implants)	Yes ☐	No ☐
Other metal-containing implants (e.g. screws, plates)	Yes ☐	No ☐

If yes, which?

CONSENT FORM

By signing below, I confirm that I have read and understood the information provided above.
I have answered all questions truthfully and to the best of my knowledge. Furthermore, I agree to undergo the treatment at my own responsibility, as I have been thoroughly informed in advance about the possible risks associated with the procedures.

I also confirm that I have carefully read and understood all points regarding the treatment and the explanations provided. I am aware that a lack of cooperation on my part may reduce the success of the treatment.

Except in cases of negligent treatment errors, any liability on the part of Ladylicious GmbH is excluded.

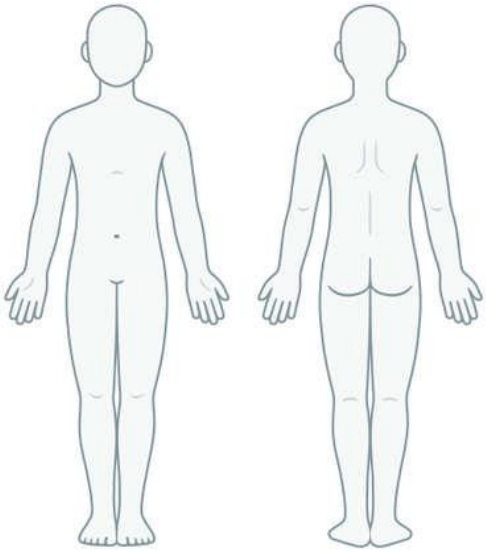
I undertake to inform you immediately of any changes to my skin or any other irregularities in the treated area.

I have had the opportunity to ask the consultant any questions regarding the proposed treatment.

/

Place, Date / Signature Client

KUNDENKARTEI



☐ Eye brows

☐ Upper lips

☐ Cheeks

☐ Lower lips

☐ Chin

☐ Neck

☐ Chest

☐ Abdomen

☐ Shoulders

☐ Back

☐ Upper arms

☐ Forearms

☐ Backs of hands

☐ Intimate area

☐ Buttocks

☐ Thighs

☐ Lower legs

☐ Tops of feet

☐ Other: _____

Skin type: _____

Hair type: _____

Tanned (including tanning bed/solarium): _____

Notes: _____