

*Ann's Serenity Day Spa & Salon*  
**Lambprobe Consent Form**

**Please check any of your concerns:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Sun damage                | <input type="checkbox"/> Skin tags                     | <input type="checkbox"/> Freckles           | <input type="checkbox"/> Brown spots   |
| <input type="checkbox"/> Hard bumps under the skin | <input type="checkbox"/> Blackheads/milia (whiteheads) | <input type="checkbox"/> Acne cysts         | <input type="checkbox"/> Clogged pores |
| <input type="checkbox"/> Raised brown spots        | <input type="checkbox"/> Cherry spots                  | <input type="checkbox"/> Broken capillaries |  |

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**Consent:**

The undersigned acknowledges that \_\_\_\_\_ has explained the nature of all the treatment risks and dangers inherent such as: infection, hyper or hypo pigmentation, redness, edema, or bruising. As in any cosmetic procedure, the treatment goal is for aesthetic improvement, not perfection. 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 the effectiveness of treatments.

I hereby consent to Ann Guill of Ann's Serenity Day Spa & Salon performing Lambprobe procedures on me and consideration of doing so, I hereby release and forever discharge Ann Guill and Ann's Serenity Day Spa & Salon from all claims, demands, damages, action or cause of action arising out of the performance of the Lambprobe procedure. Which heir's, executors, my administrators, assign or can, shall or may have. No refund on treatments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian if under 18 years old: \_\_\_\_\_