

TRITON LASER HAIR REMOVAL CONSENT FORM

This form is designed to give you the information you require to make an informed choice of whether or not to undergo treatment with TRITON™ technology.

- I have received the following information about the technology:
 - TRITON™ is a non-invasive technology that utilizes Diode laser 810nm, for hair removal with highest speed, the best skin cooling system for hairs of dark blond-black color and skin type I-IV
 - No complete clearance is guaranteed
 - Treatment requires a number of sessions
 - Exact number of sessions is individual
 - There may be some discomfort and transient redness and/or swelling associated with treatment
 - There is a small risk of adverse reactions

- I understand that taking the treatment course is my choice and that I am free to withdraw at any time, without giving any reason.
- I was told about the possible side effects of the treatment including local pain, skin redness (erythema), swelling (edema), damage to the natural skin texture (crust, blister, burn), change of pigmentation (hyper- or hypo-pigmentation), and scarring. Although these effects are rare and expected to be temporary, any adverse reaction should be reported immediately.
- I understand that I must comply with treatment schedule, otherwise results may be compromised.
- I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than this above and I authorize the physician or assistants to perform such other procedures if they find them professionally desired.
- I understand that not everyone is a candidate for this treatment and results may vary therefore, there is no guarantee as to the results that may be obtained.
- The procedures to be used to treat my conditions have been explained to me

By signing this consent, I hereby authorize Inject, an Aesthetics Bar and/or such assistants as may be selected to perform the TRITON™ procedure. I have had sufficient opportunity to discuss my

condition and treatment. I believe I have adequate knowledge upon which to base an informed consent. The procedures to be used to treat my conditions have been explained to me and any questions I may have asked to have been answered to my satisfaction. I authorize before, during and after the procedure(s) the taking of photographs to be part of my patient profile that may be used for scientific or marketing purposes without disclosing my identity, not exposing my face.