



LAMPROBE / CRYOSKIN CONSENT FORM

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Tranquil Oasis Skin & Lash has explained to me that the Lamprobe/Cryoskin processes are effective for the cosmetic treatment for many minor superficial skin irregularities that professional skin care practitioners encounter on a daily basis. I consent to have the Lamprobe/Cryoskin utilized on me for the cosmetic treatment of:

Risks associated with the Lamprobe/Cryoskin are minimal and may include burns/scabbing, skin discoloration, and scarring. Therefore, it is extremely important to follow the home care device to avoid scarring. In consenting to having this treatment performed on me, I hereby release and forever discharge the performing practitioner of said cosmetic treatment and Tranquil Oasis Skin & Lash, its officers, employees, and/or associated sub-contractors, manufacturers, distributors, and suppliers of and from all claims, demands, damages, actions or cause of action arising out of the performance of the said cosmetic treatment procedures.

_____ (Client Initials)

Tranquil Oasis Skin & Lash regularly documents the demonstration and use of the Lamprobe/Cryoskin, using before/after photos and/or videos. I understand that. This documentation will be the property of Tranquil Oasis Skin & Lash and may be used or shared at a later date for educational and/or marketing purposes and I consent to this use.

_____ (Client Initials)

I have read, understand, and agree to the above conditions.

Client Signature _____ Date _____