

Important information on pre- and aftercare

- Protect the body well from the sun at least 1 day before and after treatment, especially the treated area(s) (SPF 50) Skin with sunburn cannot and must not be treated.
- Sunbathing shortly before or after the treatment can lead to burns or redness, over which we have no influence during the treatment. Therefore, please avoid direct contact with the sun shortly before and after treatment and ensure that the treated area is always well protected with sufficient sun cream.
- Avoid the solarium for 1 week before and after each treatment.
- Do not use bleaching creams, peelings or perfumed products on the treated area 24 hours before the treatment.
- No hyaluronic acid or Botox injections in the treated area 2-5 weeks before the treatment.
- No micro-needling in the treated area for 2-4 weeks before the treatment.
- Do not use chemical peels or fruit acid peel treatments (several treatments) in the treated area for 4-8 weeks before the treatment.
- Avoid very hot baths, showers, steam baths, saunas, swimming, sports and scrubs for 24 hours.
- The hair in the treated area(s) must not be removed by the root beforehand. This means no epilation, no plucking, no sugaring and no waxing for 6 weeks before the first treatment.
- Shave the area 1-2 days before each treatment. (light stubble is needed to guide the pulsed light) If the hair grows more slowly, shave earlier.

Customer data & medical history form

First name, surname: _____
Address: _____
Telephone number: _____
E-mail address: _____
Date of birth: _____

How did you first hear about us?

Social media ☐ Google ☐ Recommendation Acquaintances/friends ☐ Newspaper ☐

Please answer the following questions carefully so that we can better assess your individual risks and optimise your treatment.

Please tick and complete as appropriate.

Age: _____ Years; Gender: f ☐ m ☐

Height: _____ cm; Weight: _____ kg;

1.) Do you regularly take medication (e.g. painkillers, anticoagulants (e.g. Aspirin®, Marcumar®, Plavix®, Pradaxa®), tranquillisers, hormones (e.g. contraceptives), sleeping pills, medication that sensitises you to light (e.g. tetracyclines))?

Yes ☐ No ☐

If yes, which ones and what quantity (mg)?

Consult your doctor before administering more than 100mg!

2.) Do you have any allergies (e.g. hay fever, asthma, atopic eczema (neurodermatitis), allergic contact dermatitis or intolerances (e.g. painkillers, medication, anaesthetics, contrast agents, food, plasters, latex)?

Yes ☐ No ☐

If so, which ones?

3.) Have you ever had laser irradiation? Yes ☐ No ☐

If yes - when, with which laser and which treatment area?

If yes, was it without complications? Yes ☐ No ☐

4.) Do you have a blood disorder, anaemia or a coagulation disorder? Yes ☐ No ☐

If so, please explain in more detail.

5.) Did you have or do you have a cardiovascular or lung disease (e.g. high blood pressure, heart valve disease, cardiac arrhythmia, heart attack, angina pectoris, heart defects, circulatory disorders) or cancer, epilepsy or diabetes?

Yes ☐ No ☐

If so, which ones?

6) Do you wear a pacemaker? Yes ☐ No ☐

7) Are you prone to skin or other infections? Yes ☐ No ☐

8) Do you have cold sores or genital herpes? Yes ☐ No ☐

9.) Do you have an increased sensitivity to light or a so-called sun allergy? Yes ☐ No ☐

10.) Do you have/have you had acne treatment? Yes ☐ No ☐

11.) Have you ever had a skin abrasion (microdermabrasion) or chemical peeling? Yes ☐
No ☐

If yes, were there any problems? Yes ☐ No ☐

If yes, which ones?

12.) Have you ever had a cosmetic treatment (e.g. Botox, filler, gold threads, permanent make-up)?
Yes ☐ No ☐

If so, when and which ones?

13.) Do you tend to have uneven pigmentation (light/dark spots or both)?

Yes ☐ No ☐

14.) Are you prone to increased scarring?

Yes ☐ No ☐

15.) Have you been exposed to intensive sunlight or a solarium in the last 4 weeks?

Yes ☐ No ☐

If so, when and which ones?

16.) Regular consumption of tobacco products?

Yes ☐ No ☐

If yes, what and how much?

17.) Regular alcohol consumption?

Yes ☐ No ☐

If yes, what and how much?

18.) Do you have piercings? (e.g. intimate piercing, dermal anchor)

Yes ☐ No ☐

19.) Additional question for women of childbearing age: Could you be pregnant?

Yes ☐ No ☐

Notes on the customer information meeting

The following treatment is planned:

Permanent hair removal using 3-wave premium laser permanent hair removal on the following areas of the body:

☐ **On the face** (upper lip, chin, eyebrow)

☐ **In the chest, back and abdominal area**

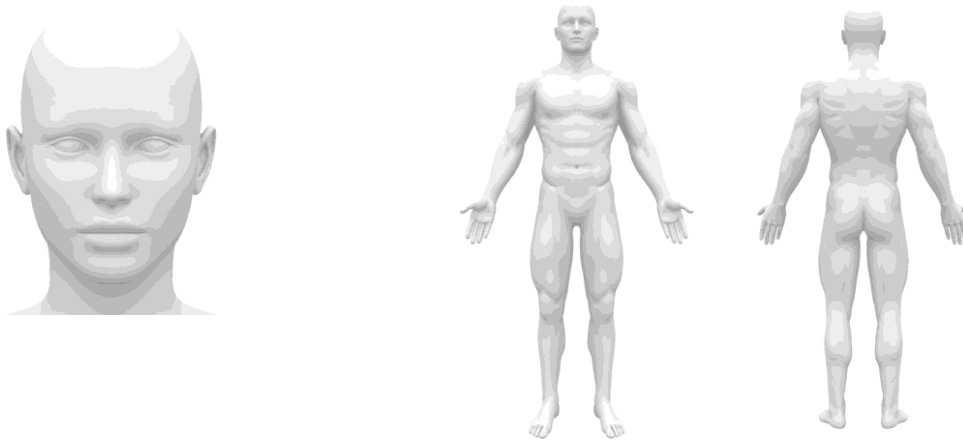
☐ **In the underarm areas**

☐ **In the bikini line**

☐ **On the legs**

☐ **Other: (if applicable)** _____

For ticking off and marking the areas to be depilated.



Hair colour:

- ☐ Light (blonde) ☐ Grey Brown ☐ Black Red

Strength of the hair:

- ☐ Normal ☐ hard ☐ soft

Hair thickness:

- ☐ Strong ☐ Medium (normal) ☐ Fine/thin

Pigmentation of the skin:

- ☐ Light Normal ☐ Dark ☐ Hyperpigmented ☐ Vitiligo

Planned start of treatment (date):

Declaration of consent

I was informed in detail about the planned hair removal, type and significance of the treatment, risks and possible complications and prospects of success in a consultation. I read and understood the information sheet. I was able to ask all the questions that seemed important to me. They were answered completely and comprehensibly. I answered questions about my medical history to the best of my knowledge. I have received and will follow the behavioural instructions and recommendations for aftercare.

Place, date, time:

Signature and consent of the customer:

Treatments Settings - Treatment information

Settings - Treatment information

First name, surname: _____

[illegible]