

Ahlara International Spa
Client Consent Form - Red Light Therapy

Name: _____

Red Light Therapy sessions are non-invasive and are intended to not produce any thermal damage or pain. Even though there are measures that are taken to reduce side effects, they cannot be completely eliminated in every case however side effects are very rare. It is important to notify a staff member at Ahlara if you have any problems or concerns. If you are light sensitive or take drugs that enhance light sensitivity do not continue with treatment. Please read, understand and initial the following.

____ I have read "Understanding Red Light Therapy at Ahlara" provided to me by Ahlara International.

____ Prior to treatment I will remove make up, fragrances, oils, lotions, moisturizers and jewelry.

____ I will always wear protective eyewear. While Red Light Therapy (visible) and near infrared (invisible) do not damage eyes I will not look directly at the red lights for an extended time.

____ I am not pregnant or nursing. I will consult my physician prior to using Red Light Therapy.

____ I am not taking light/photo sensitive drugs such as Accutane, Retin-A, Digoxin, Tetracycline and will not continue the treatment without speaking with my physician. I understand this is not a complete list of photo sensitive drugs.

____ For best results we recommend initial Red Light Therapy sessions 5 days a week for 2 weeks or until your desired result is achieved. Maintenance treatments should continue for 1-2 times a week. Up to 2 treatments can be done in a day.

____ I understand that Red Light Therapy is not intended to take the place of medical care or medications. To my knowledge I have no medical condition which would prohibit me from using this therapy. I acknowledge that the results of Red Light Therapy do vary and that no guarantee of specific results are offered or implied. I have been given adequate instructions for proper use of this equipment and understand the risks involved. I hereby agree to release the owners of Ahlara, operators, and manufacturers from any damages that I might incur due to use of this facility. I have reviewed and completely understand all of this information.

Signature: _____ Date: _____