



COPPER TREE RETREAT
MASSAGE • MED SPA

LightStim®

Light is a form of energy called photons. Our cells are able to absorb and use photons to repair and regenerate collagen and elastin skin cells. Just as plants absorb and convert sunlight into cellular building blocks, the skin absorbs therapeutic light and uses it as a source of energy to stimulate cellular regeneration. Therapeutic light also kills p. acnes bacteria, reduces inflammation and speeds healing.

Immediate benefits of light therapy are a minimized appearance of the pores, fine lines and wrinkles. Circulation is increased and the skin radiates a healthy glow. Cumulative results include an overall rejuvenation of the skin with increased ability to repair and rebuild healthy skin cells...youthful beautiful skin!

LED Light Therapy is a safe, non-invasive technology that functions by triggering a photo-biochemical cellular response. Laser treatments are different - they function by cutting, ablating or vaporizing the tissue. LED Light Therapy heals, soothes and revitalizes the skin and there is no down time.

Rejuvenation of the skin tissue will continue to improve over time depending on the frequency of treatments. We recommend a series of treatments and a home care regime for permanent results. Monthly facials will keep your skin healthy and glowing.

Best Face & Body uses only the finest, state-of-the-art LightStim, FDA cleared devices for our treatments. They are designed and manufactured in the USA and guarantee results.

***Contraindications: We cannot perform LED light therapy over suspicious lesions or malignant tumors, or on people who are sensitive to light, have epilepsy, are using photo-sensitizing drugs or have migraines brought on by light. Please consult your physician if you are pregnant or have a serious illness of any kind.**

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your LED treatment, please be aware of the following information and possible risks. Please initial:

___ I understand there are certain contraindications that would preclude me from receiving LED treatments, including epilepsy, medications causing light sensitivity, open wounds, pregnancy, and thyroid conditions.

___ I understand there are other precautions that should be considered before receiving LED therapy treatments and may require a doctor's release and/or I assume any risk involved.

___ I understand that reactions are rare, but may include nausea, dizziness, weakness, and possible skin reactions including redness and/or other irritations.

___ I understand that some clients report slight tingling sensations and flashing of the optic nerve during the procedure

. ___ I understand that while the goal of this treatment is to improve the vitality of the skin, no specific guarantees of the result can or have been made.

___ I understand that it is imperative to my health that I disclose all of the information requested in the Client Profile/Health History.

___ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

___ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

___ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes.

I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to Copper Tree Retreat to perform the LED procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the skin care specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Client Name (Printed) _____

Client Name (Signature) _____ Date: _____

Skin care specialist _____