



## Low Level Light Therapy Preparation Sheet

The following information will allow for you to help us to give you the best possible treatment by creating the best environment for you. Please read them thoroughly.

**Skin Condition:** Please arrive for treatment with a freshly washed face. Do not apply any skin products such as lotion, sunscreen, make-up, etc. Your skin will absorb the effects of the light treatment most effectively if there are no products to filter, restrict or reflect the light from entering the cells in and beneath the skin.

**Hair:** If your hair is long enough to cover any part of your face or neck that you want treated (such as hair bangs), please bring a hair clip or other method to restrain your hair up and out of the way during your treatment.

**Eyewear:** Although there is no indication that this treatment cannot be done without protective eyewear, we will provide you with a free set of protective goggles on your first visit to use. The safety of your vision is of utmost importance to us as it is to you. Treatments will not be conducted without them. If you lose, misplace or forget to bring them to your appointment, you can purchase a new set for \$5. You, alone, are responsible for bringing eyewear to your appointment.

**Medication:** If you are currently on medication that can cause photosensitivity (sensitivity to light), such as certain antibiotics, please advise the office and reschedule your appointment. Because the treatment involves higher intensity light, we don't want you exposed to any possible adverse reactions.

**Medical Condition:** If you are sick, especially of a contagious type, PLEASE call and reschedule for a time you feel better. You won't be penalized for it. We want EVERYONE healthy and happy. If you have a condition that high intensity or blinking lights have an adverse effect on you, such as epilepsy or recurring seizures, PLEASE let us know. This treatment is not one for you.

**Music:** Feel free to bring with you any music devices that you can listen to (through ear plugs) to make your treatment time more pleasurable.

I understand and agree to the subjects listed on this page.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_