LASER SUPPLEMENTARY APPLICATION

★PLEASE COMPLETE **ALL** QUESTIONS★

★IF YOU REQUIRE ADDITIONAL SPACE, PLEASE ADD ADDITIONAL PAGES AS NECESSARY★

Please advise IF and HOW you provide the following operations (Please check all lines of operations):

SERVICE	LASER		PULSE LIGHT/IPL	
	YES	NO	YES	NO
Acne	☐	☐	☐	☐
Endovenous Laser Treatment	☐	☐	☐	☐
Leg Veins	☐	☐	☐	☐
Psoriasis & Vitiligo	☐	☐	☐	☐
Skin Resurfacing	☐	☐	☐	☐
Cosmetic Re-pigmentation	☐	☐	☐	☐
Hair Removal	☐	☐	☐	☐
Pigmented Lesions	☐	☐	☐	☐
Vascular Lesions	☐	☐	☐	☐
Cellulite Treatment	☐	☐	☐	☐
Other (please describe):	☐	☐	☐	☐

****Please provide all operators who provide laser treatment or cellulite treatment and their experience:**

NAME PERSON PROVIDING LASER TREATMENT	YEARS OF EDUCATION	YEARS EXPERIENCE/ QUALIFICATION	ANY PRIOR CLAIMS MADE AGAINST EACH INDIVIDUAL (PLEASE GIVE BRIEF DETAILS)

****Complete this section for all laser/cellulite machines (please list additional hand pieces separately):**

MAKE	MODEL	AGE	CURRENT REPLACEMENT COST IN CANADIAN $$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$
		Yrs.	$

Please answer all questions:

1. Please circle what skin types you provide services on for the laser treatments:
   As per the Fitzpatrick Scale: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

2.	Do you complete a skin patch test prior to laser treatments?	☐YES ☐NO
3.	How long do you wait after the patch test to perform laser treatment?	
4.	Do you wear surgical gloves when providing laser services to clients?	☐YES ☐NO
5.	Does your client wear protective eyewear during laser services?	☐YES ☐NO
6.	Do you keep copies of all client service records? **(**Must be kept on file for min. 7 years)**	☐YES ☐NO
7.	Is a waiver signed, dated and kept on record? (please attach a copy)	☐YES ☐NO
8.	Do you explain to the client what steps to take prior to any laser treatment?	☐YES ☐NO
	Please describe:	
9.	Do you explain to the client what steps to take after any laser treatment?	☐YES ☐NO
	Please describe**:**	
10.	How often do you calibrate your machines?	
11.	Do you provide any off-site laser treatments?	☐YES ☐NO
	If yes, list all locations, methods of transporting equipment and frequency of all off-site treatments	