

ELECTROLOGY MEDICAL REVIEW FORM

This form does not constitute, imply, or otherwise create an agreement that electrology will be performed. Electrology is performed at the discretion of the electrology provider.

Patient Information:	
First Name: Middle Name:	Last Name:
Primary Phone: Date of Birth (mm/dd	l/yyyy):
Referral from:	
Name of Referrer:	Address:
Telephone:	
Health Conditions Gender Dysphoria (F64.0) Hirsutism (L68.0) Cancer Heart Conditions High Blood Pressure Lupus Seizure disorder Hemophilia (Haemophilia) Diabetes Hepatitis HIV/AIDS Erythema ab igne Other: (please indicate)	Skin (Please indicate which conditions it is safe to perform electrolysis on) □ Moles □ Raised Skin Defects: Keloids, Warts, Skin Tags, etc. □ Skin Conditions: Vitiligo, etc. □ Acne being treated with topical medications
Modality: (Please indicate which modalities you are approving for this client.) ☐ Thermolysis Thermolysis is heat-based electrolysis, also known as shortwave method. A thermolytic epilator destroys the hair follicle by injecting each follicle with high frequency radio energy. This energy produces localized heat and weakens cells and surrounding tissues to prevent future hair growth. This is a process called electrocoagulation. There are no chemicals used with this method.	Galvanic Galvanic is a technique direct current is applied to the root of the hair. The patient holds the negative electrode while the positive electrode is inserted into the hair follicle. (Current flows from positive to negative completing the circuit.) The current when passes through the water and salt in the hair root, it gets dissociated into sodium, hydroxide ions, chlorine, and hydrogen. The Blend The blend is a combination of both modalities.

Physician Signature (required):

With my signature, I attest that this information is true, accurate and complete to the best of my knowledge and that undergoing electrology treatments is safe currently.