Skin Laundry

Medical Clearance Form

Patient Name:

DOB:

Date:

Date of Physical Exam _____

Diagnosis _____

Location _____

Skin type (1-5): _____

Notes:

I, herby authorize that the patient _____ does not have active skin cancer and is cleared to have a YAG (yttrium aluminum garnet) laser and IPL (intense pulse light) therapy to the face, neck and/or chest.

_____ Medical Doctor (print)

_____ Medical Doctor (signature)

Phone number: _____