

Laser Hair Removal

Consent and Treatment Instructions

In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this procedure and consent form and ask any questions necessary to help you fully understand it. Please sign only after carefully review and consideration.

Mechanism – The laser produces a focused beam of highly concentrated light. This beam generates a wavelength of energy that is selectively absorbed by the melanin (pigment) in the hair follicle. This absorption produces heat, which in turn diminishes the follicles' ability of grow hair. Hair growth may be eliminated and any re-growth is usually finer and lighter, making it more cosmetically acceptable. Multiple follicles are affected with each pulse of the laser. The pulse duration (time) and energy (power) of the laser pulse are adjusted to maximize results with minimizing the effects. **Initial** _____

Safety – All required laser safety precautions and all equipment-specific guidelines will be followed to ensure the utmost in safety during your treatments. This includes the use of protective eyewear at all times while the laser is in use. **Initial** _____

Alternatives – I am aware of alternative methods of hair removal, which include but are not limited to shaving, plucking, depilatory cream, waxing and electrolysis. I have explored these other options to my satisfaction and have made an independent decision to proceed with laser hair removal treatments. **Initial** _____

Limitations – I understand that some permanent hair reduction is achieved in nearly everyone, but that complete hair removal may not occur. My results are limited by the laser capability as well as by my personal skin and hair characteristics. Fitzpatrick skin typing will be done and I understand that a higher Fitzpatrick typing increases the risk of complications including hypo-pigmentation, hyper-pigmentation, blistering and scarring. Hormonal therapy and other medical conditions may also affect results. These issues will be/were discussed at the time my medical history is/was reviewed. Any hair re-growth is usually finer (less coarse) and lighter (less pigmented) than the original hair. A series of treatments is necessary to achieve maximum benefit. Actual results cannot be guaranteed. **Initial** _____

Cautions – If I have any history of keloid formation, excessive scarring or poor healing (due to diabetes or other conditions) I will consult my personal physician prior to proceeding. I understand that excessive hair growth may be caused by various medical conditions that may require other forms of treatment and that it is my responsibility to explore such needs prior to laser treatments. Tattoos and permanent makeup in the treatment area may be altered. Recurrent viral infections such as herpes simplex (cold sores) or varicella (shingles) may be activated. **Initial** _____

Discomfort – The physical sensation generated by the laser pulse is most commonly described as a rubber band snapping against the skin. Most individuals are able to tolerate this for the short duration of the laser treatment. You may have a sunburn type sensation in the treatment area for several hours afterward. Topical anesthetics are available to decrease any perceived discomfort from the laser treatment. *(If a topical anesthetic is desired, please discuss this with our staff.)* **Initial** _____

Skin Effects – I understand that most people will experience temporary redness similar to a sunburn. Some skin swelling (edema) may occur. Blistering/scabbing due to burns or herpes, infection and other skin changes are much less likely. I understand that in most cases these skin effects should completely resolve themselves within a few hours to several days following treatment. Scarring is extremely rare and usually occurs in those with a predisposition, such as a history of keloids (thickened scars) or other excessive scarring. I understand that Aesthetic Medicine does not advise laser treatments if I have such a history and under these circumstances cannot be responsible for the outcome. I agree to carefully follow the pre and post-treatment instructions to reduce the likelihood or severity of any skin changes. **Initial** _____

Pigment Changes – I understand that hypo-pigmentation or hyper-pigmentation are possible side-effects and, although rarely permanent, may last several weeks to months. I understand that post-treatment use of sunscreen is advised to minimize this risk, and that in some cases bleaching creams may provide additional benefit. **Initial** _____

Continued Consent - This consent shall apply to all subsequent laser hair removal treatments.

Patient Signature

Date

Print Full Name