

HAIR REMOVAL BEFORE TREATMENT CARE

Pre-Treatment Instructions:

1. If you have a tan or have used self tanners at the time of treatment, please let us know when you make your appointment. Avoid tanning and self tanners 2-4 weeks prior to treatments. You absolutely cannot be treated with any sort of artificial tan on your skin.
2. If you have a history of cold sores and are having your face treated, please notify the practitioner.
3. Do not apply moisturizers, creams, perfumes or makeup to the area being treated the morning of the treatment.
4. **ABSOLUTELY** do not pluck, wax or thread four weeks prior to or in between treatment sessions. Shaving is acceptable and should be the only form of hair removal used.
5. If you are using Retin-A or similar creams and are having your facial area treated, please discontinue use at least 48 hours prior to treatment.
6. Completely shave the area to be treated the day before. The more closely you shave, the better off your treatments will be.
7. If you are taking any medications with a warning label that states they may increase your sensitivity to sunlight, please notify the practitioner.

HAIR REMOVAL AFTER TREATMENT CARE FORM

Post Treatment Instructions:

1. Immediately after the treatments, there should be redness and bumps at the treatment area, which may last up to 2 hours or longer. It is normal for the treated area to feel like sunburn for a few hours. You should use a cold compress if needed. If swelling occurs, apply an ice pack to the area for no more than 15 minutes at a time. Keep a clean wash cloth between the skin and the ice pack. If any crusting, apply antibiotic cream such as Bacitracin or Neosporin twice a day. Some physicians recommend aloe vera gel or some other after sunburn treatment such as Desitin. Treat discomfort with Ibuprofen, Tylenol or ice. Darker pigmented people may have more

discomfort than lighter skin people and may require the aloe vera gel or an antibiotic ointment longer.

2. Makeup may be used after the treatment, unless there is epidermal blistering. It is recommended to use new makeup to reduce the possibility of infection. Just make sure that you have moisturizer on under your makeup. In fact, moisturizer will help the dead hair exfoliate from the follicle, so use moisturizer frequently and freely on the treated area. Any moisturizer without alpha-hydroxy acids will work.
3. Avoid sun exposure to reduce the chance of dark or light spots for 2 months. Use sunscreen SPF 25 or higher at all times throughout the treatment. If blisters appear, do not pop them and apply antibacterial cream.
4. Avoid picking or scratching the treated skin. If scabs develop, do not pick and apply an antibacterial cream. DO NOT USE any other hair removal methods or products on the treated area during the course of your laser treatments, as it will prevent you from achieving your best results.
5. You may shower after the laser treatments, and use soap, deodorant, etc. The treated area may be washed gently with a mild soap. Skin should be patted dry and NOT rubbed. Underarm areas, that have been treated, should be wiped with alcohol for 24 hours. You may apply deodorant after 24 hours. Avoid showers that are too hot as well as saunas, steam rooms, whirlpools, and hot tubs if there is any redness or irritation.
6. Anywhere from 5–30 days after the treatment, shedding of the hair may occur and this may appear as new hair growth. This is not new hair growth, but dead hair pushing its way out of the follicle. You can help the hair exfoliate by washing or wiping with a washcloth.
7. Hair re-growth occurs at different rates on different areas of the body. New hair growth will not occur for at least three weeks after treatment.
8. Call your physician's office with any questions or concerns you may have after the treatment

Please note: Stubbles, representing dead hair being shed from the hair follicle, will appear within 10–20 days from the treatment date. This is normal and will fall out quickly.

I have reviewed these instructions and have had the chance to ask any questions or concerns I may have.

Client Signature: _____ Date _____