

Informed Consent for Hair Removal

Customer's Name: _____ Date: _____

Treatment sites (please circle) : monobrow, lip, chin, neck, face, arms, fingers, chest, areola, linea, underarms, back, buttocks, bikini, labia, scrotum, thighs, lower legs, feet, toes.

Previous hair removal methods: _____ ex: shaving, tweezing, waxing, depilatories, electrolysis, laser

The purpose of this procedure is to diminish or remove unwanted hair. As with any cosmetic procedure, there are several variables (some known and some unknown) including skin color and type, genetics, hormonal state and hair color (laser hair removal does not work on blonde or gray hair). The procedure requires more than one treatment and may produce permanent hair removal. There is no guarantee that the expected or anticipated results will be achieved. The total number of treatments will vary between individuals. On occasion there are patients that do not respond to treatments. The treated hair should exfoliate or push out in approximately 2-3 weeks.

Alternative methods are waxing, shaving, electrolysis and chemical epilation (all of which should be completely avoided while undergoing laser hair removal treatments).

Although complications seem to be infrequent following laser treatment, I understand the following side effects or complications may occur, although rare, and could happen to me.

The following problems may occur with the hair removal system:

1. There is a risk of scarring.
2. Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyper-pigmentation (browning) and Hypo-pigmentation (lightening) have also been noted after treatments. Loss of pigmented lesions (freckles) may occur. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change.
3. Infection: Although infection following treatment is unusual; bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.
4. Bleeding: Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatments may be necessary.

5. Allergic Reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.
6. Folliculitis (inflammation of the hair folic) may last 7-14 days.
7. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.
8. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring and hyper-pigmentation.
9. I understand the risks involved with the laser during pregnancy and I am not pregnant.

Occasionally, unforeseen mechanical problems may occur and your appointment may need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGEMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I understand the potential risks, had the opportunity to ask questions, and consent to the treatment with laser hair removal.

I hereby release _____ (individual) and Laser Luxe, LLC (facility) and its doctor and medical director from all liabilities associated with the above indicated procedure.

Client/Guardian Signature: _____ Date: _____

Laser Technician Signature: _____ Date: _____