



David A. Charles, M.D. PC

AGELESS ADVANTAGES

15200 SHADY GROVE RD, SUITE 307, ROCKVILLE, MD 20850

PHONE (301) 738-8846

FAX (866) 487-5603

LASER HAIR REMOVAL INFORMED CONSENT

The purpose of this Informed Consent is to help you decide whether a laser hair removal ("LHR") cosmetic procedure is right for you and to help you make an informed decision to undergo this procedure. This Informed Consent gives you general information about LHR cosmetic procedures, explains other treatment options, and identifies the benefits, risks, side effects and possible complications associated with LHR procedure.

LHR is a non-invasive laser treatment designed to remove unwanted hair from all parts of the body. The laser device works by emitting pulses of light energy that penetrates the skin and destroy hair follicles while the device's handpiece cools the surrounding skin. Because the laser needs to fill the hair follicle to work effectively, it is important not to wax, tweeze, have electrolysis procedures, or pluck hair for 2 to 4 weeks prior to the procedure. You will be required to wear protective eyeglasses during the procedure to protect your eyes from the laser light. You may feel a slight burning, stinging or pinching sensation during the procedure. It generally takes 10 to 21 days after the procedure for the treated hair to fall out. Treatment of dark course hair generally achieves the best results while removal of light fine hair generally requires additional treatments which may or may not be successful. Clinical results of LHR may also vary depending on individual skin type, hormonal levels and hereditary influences. Therefore, some patients may experience partial results, and some may notice no improvement at all. Future hormonal changes may cause additional hair growth. LHR procedure generally involves a series of treatments. Ideal (light skin/dark hair) candidates can usually achieve 65%-90% reduction with a series of 6 treatments. Thicker skinned areas such as men's backs, faces or neck usually require more than 6 sessions and usually achieve only partial reduction or hair thinning.

Please verify by initialing each statement below. Your initials confirm that you understand the contradictions, risks and complications that may occur throughout and/or post treatment.

CONTRADICTIONS

- _____ Pregnant, lactating or planning to become pregnant
- _____ Used Accutane or medications in the past six months that require limited exposure to sunlight
- _____ Tanning three days prior and three days post treatment
- _____ Laser may not be effective on blonde or gray hair
- _____ Extensive exposure to sunlight 2 to 4 weeks prior to treatment may reduce effectiveness
- _____ Aloe allergy

It is important to shave the area prior to treatment session. (we do not provide shaving services as you must do this yourself prior to the treatment).

I AM AWARE OF THE FOLLOWING RISKS/COMPLICATIONS THAT MAY OCCUR

- _____ Temporary redness, burning, swelling, bruising or discoloration of the skin over the treated area
- _____ Folliculitis, which is an infection of the hair follicle, which can take several days to resolve

_____ Blistering, scarring, activation of cold sores, infection or permanent discoloration, which may occur in rare cases. Please inform us if you ever had a problem with cold sores.

_____ Hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin), which is rare but take several months to fully resolve

_____ Crusting or blistering of the exposed area, which is rare, and may take several days to heal

_____ Some regrowth of hair may occur after treatment session are completed

Post Procedure Instructions.

It is important that you comply with all post procedure instructions In addition, it is important that you limit sun exposure after the LHR procedure and use protective sunscreen lotion. Please call your doctor promptly if complications develop after the procedure. Laser-treated areas should not be exposed to sun or tanning beds Not adhering to the post treatment skin care instructions may increase the risk of complications.

By signing this Informed Consent, you understand and agree as follows (initial each statement)

_____ The information contained in this Informed Consent was explained to me using terms I could understand, and all my questions and concerns have been answered. After reviewing all the information provided to me about cosmetic procedures and reviewing my health status, I believe I am a good candidate for LHR procedure.

_____ I understand that LHR is an elective procedure and hereby freely accept all possible risks, complications and side effects that may result from this procedure.

_____ I acknowledge that LHR procedure will be performed by an employee of Medical Cosmetic Enhancements, who is properly trained and certified in its usage.

_____ I agree to return for any recommended follow up visits and follow all post-procedure instructions

_____ I understand that no guarantees have been made to me regarding the outcome of LHR procedure

_____ This consent form is valid for all future laser hair removal treatments performed, and if I will alert the staff if there are any future changes to my medical history, or if I become pregnant

Patient Name

Date

Patient Signature

Doctors Statement

I have explained the nature of the above procedure including instructions and risks. I believe that the patient understands the terms/conditions.

David A. Charles

Doctors Signature

Date

Witness Name

Date

Witness Signature