Hair Laser Treatment Consent Form

Patient Information:

- Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____

Procedure Information:

Laser hair removal is a cosmetic procedure that uses a concentrated beam of light to remove unwanted hair. The laser emits a light absorbed by the pigment (melanin) in the hair. The light energy is converted to heat, which damages the hair follicles to inhibit future hair growth.

Potential Benefits:

- Reduction in hair growth
- Smoother skin

Possible Risks and Side Effects:

- Redness and irritation
- Pigment changes (hyperpigmentation or hypopigmentation)
- Temporary discomfort
- Rarely, blistering, crusting, or scarring

Pre-Treatment Instructions:

- Avoid sun exposure and tanning products before the treatment.
- Refrain from waxing, plucking, or electrolysis for at least six weeks before treatment.
- Shave the treatment area 24-48 hours before the procedure.

Post-Treatment Care:

- Avoid sun exposure and use sunscreen with high SPF.
- Refrain from hot showers, saunas, and strenuous exercise for 24-48 hours post-treatment.
- Apply soothing creams or aloe vera to the treated area as needed.

Acknowledgment and Consent:

I, _____ (Patient Name), acknowledge that I have read and understood the information provided about laser hair removal. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I understand the potential risks and benefits associated with the procedure and agree to proceed with the laser hair removal treatment.

I consent to the laser hair removal treatment and authorize the healthcare provider to perform the procedure. I also consent to the taking of photographs for medical documentation purposes.

- Patient Signature: _____
- Date: _____
- Witness Signature: _____
- Date: _____