

LASER HAIR REMOVAL CONSENT

PATIENT NAME: _____

TREATMENT SITES: _____

I duly authorize **SKINfinity, LLC** and **Mary Nissen, RN BSN** to perform the **LASER HAIR REMOVAL** procedure. I understand that other measures may be recommended and necessary to achieve the most positive outcome.

_____ **(Patient Initials)** I understand that the laser is a device used for hair removal and that clinical results may vary depending on a patient's skin type and hair type. I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising, and temporary discoloration of the skin; as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

Clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance with pre/post treatment instructions, and individual response to treatment.

_____ **(Patients Initials)** I understand that epilation (the removal of hair by roots) with the laser system is a safe alternative to methods used for removing unwanted hair such as shaving, waxing, chemical epilation, and electrolysis.

_____ **(Patients Initials)** I understand that a LASER HAIR REMOVAL procedure involves a series of treatments with post-treatment care instructions. This procedure, including the fee structure, has been thoroughly explained to me.

_____ **(Patients Initials)** I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and complications, and acknowledge that no guarantee can be given to me as to the result of my treatment. I am fully aware that my condition is of cosmetic concern, and that the decision to proceed is based solely on my expressed desire to do so.

_____ **(Patient Initials)** I confirm that I AM NOT pregnant at this time, and I have not taken Accutane within the last six (6) months.

_____ **(Patient Initials)** I confirm that I DO NOT have a pacemaker or internal defibrillator.

_____ **(Patient Initials)** I consent to the taking of photographs and authorize their use for my medical record, "before & after photos" if required during treatment, or medical audit.

I fully acknowledge that I have read and understand the contents of this consent form. I understand the importance of following the POST-TREATMENT INSTRUCTIONS and agree to contact SKINfinity with any concerns or questions I may have following my treatment.

Patient Signature: _____ Date: _____

Witness: _____

POST – TREATMENT INSTRUCTIONS FOR LASER HAIR REMOVAL

1. Immediately after treatments, there should be redness and bumps at the treatment area, which may last up to TWO HOURS or longer. It is normal for the treated area to feel like a sunburn for a few hours. You should use a COLD compress if needed for comfort. If any crusting, apply antibiotic cream. Some physicians recommend an aloe vera gel or some other “after sunburn” treatment such as Destin. Darker pigmented people may have MORE discomfort than lighter skin people and may require the aloe vera gel or an antibiotic ointment for a longer period.
2. Makeup may be used after treatment unless there is epidermal blistering. It is recommended to use NEW makeup to reduce the possibility of infection, but apply moisturizer first. In fact, moisturizer will help the dead hair exfoliate from the follicle, so please use moisturizer frequently and freely on the treated area (s). AVOID ALPHA-HYDROXY ACID and RETIN-A containing creams for the first FIVE (5) DAYS.
3. AVOID excessive sun exposure to reduce the chance of dark or light spots for TWO MONTHS. Use SPF 25 or higher at all times throughout the treatment.
4. AVOID picking or scratching the treated skin. DO NOT USE any other hair removal methods or products on the treated area during your laser treatments as this will prevent you from achieving the most positive 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. Under the arm areas that have been treated should be wiped with alcohol for 24 hours. You may apply deodorant after 24 hours.
6. Anywhere from 5-30 DAYS after the treatment, *shedding of the hair may occur. 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 the area softly 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.

*You may observe stubbles 10-20 days after treatment. This is normal as it represents dead hair that is being shed from the hair follicle that will fall out quickly.

As the patient, you have been instructed to call SKINfinity with any questions or concerns you may have after your treatment. Please contact: Mary Nissen at (703) 203-1615