



LASER HAIR REMOVAL INFORMED CONSENT

INSTRUCTIONS: This informed-consent document has been prepared to help inform you of laser treatment of hair removal procedure(s), its risks, and alternative treatment. It is important that you read this information carefully and completely. Please initial each page indicating that you have read the page and sign the consent for laser hair removal as proposed by the physician and staff.

INTRODUCTION: Laser hair removal with the use of LightSheer is a non-invasive treatment to reduce or eliminate unwanted hairs. The laser devices emit pulses of light which penetrate the skin. The sensation you feel from the light varies greatly from patient to patient and is often described as the feeling of fine needles, localized heat or small rubber bands snapping against your skin. This sensation lasts for only a few seconds. The light that is absorbed by the pigment in the hair shaft is converted naturally to heat, which can destroy the hair follicle. A topical anesthetic can be used if needed. Laser hair removal results in a permanent reduction of hair. The average takes a few minutes to an hour or more depending on the size of the area(s) being treated. It generally takes 10-14 days for the hair to exfoliate after being treated. It is important not to wax or pluck hairs prior to treatment. The laser needs hair within the follicle to work effectively.

RISKS OF LASER TREATMENTS: There are both risks and complications associated with laser assisted hair removal. An individual's choice to undergo a procedure is based on the comparison of risk to potential benefit. Although the vast majority of patients do not experience these complications, you should discuss each of them with the physician or staff doing the service, to make sure you understand the risks, potential complications, and consequences of laser hair removal treatments and other forms of skin treatment.

DISCOMFORT: Patients typically report the feeling of a very short, mild sting on the exposed area. Anesthetic creams can be used to limit the discomfort.

INFECTION: Bacterial or viral infections are extremely rare. If you have a history of Herpes simplex virus infections around the mouth, it is possible that an infection could recur following laser treatment. Special medications must be prescribed prior to the treatment in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

SCARRING: The chance for scarring is extremely rare and has never been observed in this practice.

COLOR CHANGE: It is extremely rare that any color change in the skin (darker or lighter) will take place.

Excessive redness/swelling: Immediately after treatment the exposed area may exhibit redness or swelling. This is a temporary condition and can, last for minutes to hours if it occurs.

Blistering: It is extremely rare that a small blister can occur. The blistered area can take three to five days to heal.

Sunburn: Sun exposure for 2-4 weeks prior laser hair removal treatment will reduce the effectiveness of the laser because less energy will be used to treat the area.

Lack of permanent results: Laser hair removal treatment results vary with each individual. The purpose of treatment is to permanently eliminate unwanted hairs. Light based lasers are not effective on blonde, gray or white hairs. White, blonde or red hairs require the use of radiofrequency lasers. You may require additional treatments periodically.

Delayed healing: It may take longer than anticipated for healing to occur after laser skin treatment. Skin healing may result in thin, easily injured skin.

Contraindications: Accutane therapy (in the last three months), gold therapy, St. John's wart.

Risks: There is the risk for eye damage if protective goggles are not work at all times.

Initials



ADDITIONAL TREATMENT:

There are many variable conditions which influence the long term results of laser hair removal. Even though risks and complications are very rare, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. If complications should occur other treatments may be necessary. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that be obtained.

HEALTH INSURANCE:

Most health insurance companies exclude coverage for cosmetic procedures or services such as laser hair removal or any complications that might occur from service. These services will not be covered by any insurance.

FINANCIAL RESPONSIBILITIES:

The cost of the treatment involves several charges for the services provided. The total fees charged by the physician must be paid in full the day of the service. I fully understand and agree to be responsible for the full amount of the fees as stated above. If you desire to add additional services before your appointment, you are also responsible for any additional costs those services may bring.

DISCLAIMER:

Informed-consent documents are used to communicate information about the proposed service and or treatment along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. The physician and/or staff may provide you with additional or different information which is based on all the facts in your particular case the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as a practice patterns evolve. **IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL OF YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE.**

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CONSENT FOR PROCEDURE OR TREATMENT

1. I hereby authorize Dr. E. Dickerson, IV and staff as may be selected to perform the following procedure(s) or treatment(s).
I have received the following information sheet:

INFORMED CONSENT FOR LASER HAIR REMOVAL

- 2. I recognize that during the course of the service/treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician and assistants or designees at the time the procedure is begun.
- 3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
- 4. I acknowledge that no guarantee has been given by anyone as to results that may be obtained.
- 5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by pictures.
- 6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room or suite.
- 7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
- 8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
- 9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a) THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b) THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c) THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient name (Print)

Patient Signature

Date

Witness Signature

Date

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Pre and Post Treatment Instructions for Laser Hair Removal

Pre Procedure

Avoid the following for 4 weeks prior to treatment:

- Sun exposure, tanning beds, sunless tanner and/or spray tanning.
- Waxing, tweezing, threading or any method of hair removal that removes the hair from the follicle.
- Retin-A, Renova, Accutane, or any medication that would slow healing.

Discontinue 1 week prior to treatment

- Oral antibiotics or other prescription medication that lists photosensitivity as a side effect.
- If you have a history of cold sores or fever blisters, you may start your prophylactic medication the day prior to the day of your laser treatment.
- Shave the area to be treated the day of treatment or the evening before treatment. If you have not shaved prior to treatment, you may be asked to reschedule your appointment until such time as you can have the area shaved.

Post Procedure

- Avoid **extended** UV exposure for 7 days post treatment. Do not have laser hair removal and then go to the beach, lake, pool, etc. for any amount of time. UV exposure should be very limited during the first week following your laser hair removal treatment. (See your primary care provider for recommendations)
- If skin is broken, apply an antibiotic ointment until healed. Call our office as soon as possible for further instructions.
- Over the counter medication is recommended for post treatment discomfort or you may apply cool towels, hydrocortisone cream, or aloe vera to alleviate discomfort due to heat. Your skin may feel a bit itchy and irritated for about 24 hours after your laser hair removal. If irritation persists beyond 24 hours, please contact us for further instructions.
- Avoid any additional laser treatments or chemical procedures on the treated area for at least 2 weeks post treatment or until healing has occurred.
- Using a broad spectrum UVA/UVB SPF 30 or higher is critical when receiving laser treatments and is recommended for ongoing maintenance of results. Avoid excess heat from the sun, tanning beds, saunas, hot tubs or hot baths and showers for 72 hours after your laser hair removal treatment. This extra heat following your treatment can result in adverse reactions.
- If you experience any side effects such as hypo or hyper pigmentation, prolonged redness or swelling, histamine reaction, or blistering call us for instructions on treatment and care.
- To achieve the best results, complete the full treatment schedule at the intervals recommended by your technician. Do NOT pluck new hair growth. You can shave or trim as frequently or infrequently as you like, but no tweezing, waxing, threading or any other form of hair management that will remove the hair from its follicle.
- Gently exfoliate treated areas to minimize risk of ingrown hairs. During the next two or three weeks, you'll start to notice what looks like blackheads cropping up or hair growing back on the area that was just treated. This is the hair shedding. Starting 48-72 hours after your laser hair removal treatment, start exfoliating, GENTLY. Use a washcloth, puffy shower sponge, or a loofah to help the process along. Don't use any products that are very rough, like a gritty salt scrub, as this can damage your still very sensitive skin.

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