

Laser Hair Removal Consent Form

I hereby authorize _____ to perform laser hair reduction with the Candela MiniGentlelase Laser on me.

I have been informed that Laser Hair Removal is a procedure by which hair from the body can be removed utilizing the Candela MiniGentlelase Laser. Laser hair removal involves matching laser light and pulse duration to the follicle size, depth and location to inhibit the re-growth of the removed hair. A technician will distribute the light of an Alexandrite Long Pulse Laser (755nm) onto the skin to perform Laser Hair Removal. The laser works by disabling the hairs that are in their active cycles at the time of the treatment. I understand that I will have to wear protective eyeglasses during the course of the treatment to protect my eyes from the laser light.

I am aware that the laser treatment can produce, but is not limited to the following common side effects: redness, swelling, welting, itching, tingling, and dry skin. I understand that these side effects usually last from 2 hours to a couple of days.

I understand there are risks and complications that can occur from a laser treatment that can interrupt my daily life, work routine or social life. These may include but are not limited to: burning scab formation, heat rash, bruising, scarring, infection, hypopigmentation (lighter skin), and hyperpigmentation (darker skin). If any of these were to occur, I understand our physician is available to see me and provide post treatment guidelines to speed my recovery time. If I choose to consult my own physician or seek any other medical attention it is at my own expense.

For best results, I have been informed that multiple treatments will be needed. For most areas 4-6 treatments are necessary to achieve desired hair clearance. I understand that more than 6 treatments may be needed depending on hair type, previous methods of hair removal and skin color. I understand results are not guaranteed. Some of the factors that could trigger new hair growth are hormonal imbalance, pregnancy, medications, menopause, tweezing, or waxing.

I understand that tanning during the course of my laser treatments is not recommended and can cause a number of complications. I understand that I should avoid direct sun exposure for 2 weeks after my laser treatment, this also includes tanning beds. I have been informed to use a sunblock with an SPF of 30 or higher on the treated area during the course of the laser treatments. I understand it is my responsibility to inform _____ if my skin is any darker than when treatment first started.

I understand post-treatment care is very important after the treatments and I will adhere to all the instructions given to me. Improper care to the treated area may increase the chances of any complications.

I consent to having photographs taken during the course of my laser treatments to be retained as part of my file maintained by _____. I understand all photographs are the property of _____, and are kept confidential. I have read and understood all information presented to me before signing this consent. I have had ample opportunity to ask question regarding laser hair reduction, side effects and after care. I also understand it is my responsibility to inform _____ of any medical or prescription changes.

Signed: _____
(Patient of person legally authorized to consent for patient)

Date: _____

Witness: _____
(To patient's signature)

Date: _____

SUGGESTED LASER HAIR REMOVAL PATIENT INSTRUCTIONS

PRETREATMENT INSTRUCTIONS

1. Avoid the sun 4-6 weeks before and after treatment until your healthcare provider allows it. Epidermal melanocytes compete with melanin in the hair.
2. Your provider may ask you to stop any topical medications or skin care products 3-5 days prior to treatment.
3. You **MUST** avoid bleaching, plucking or waxing hair for 4-6 weeks prior to treatment. The melanin-containing hair must be present in the follicle as it is the “target” for the laser light.
4. If you have had a history of perioral or genital herpes simplex virus, your provider may recommend prophylactic antiviral therapy. Follow the directions for your particular antiviral medication.
5. If you have a tan or have a darker skin type, a bleaching regimen may be started 4-6 weeks before treatment.
6. **RECENTLY TANNED SKIN CANNOT BE TREATED! If treated within 2 weeks of active (natural sunlight or tanning booth) tanning**, you may develop hypopigmentation (white spots) after treatment and this may not clear for 2-3 months or more.
7. The use of self- tanning skin products **must** be discontinued one week before treatment. Any residual self-tanner should be removed prior to treatment.

INTRATREATMENT CARE

1. The skin is cleaned and shaved prior to treatment. The use of a topical anesthetic is optional.
2. When treating the upper lip, the teeth may be protected with moist white gauze. The gauze also serves to support the lip during treatment, allowing a surface to push against.
3. The DCD (cryogen cooling device), will be used with the laser to cool the skin during treatment.
4. Safety considerations are important during the laser procedure. Protective eye wear will be worn by the patient and all personnel in the treatment room during the procedure to reduce the chance of damage to the eye. In addition, your provider will take all necessary precautions to ensure your safety.

POSTTREATMENT CARE

1. Immediately after treatment, there should be erythema (redness) and edema (swelling) of each hair follicle in the treatment site, which may last up to 2 hours, or longer. The erythema may last up to 2-3 days. The treated area will feel like a sunburn for a few hours after treatment.
2. Your provider may use an optional cooling method after treatment to ensure your comfort.
3. A topical soothing skin care product such as aloe vera gel may be applied following treatment if desired.
4. Makeup may be used immediately after the treatment as long as the skin is not irritated.
5. **Avoid sun exposure to reduce the chance of hyperpigmentation (darker pigmentation).**
6. Use a sunblock (SPF 30+) at all times throughout the course of treatment.
7. Avoid picking or scratching the treated skin. **Do not use** any other hair removal treatment products or similar treatments (**waxing, electrolysis or tweezing**) that will disturb the hair follicle in the treatment area for 4-6 weeks after the laser treatment is performed. Shaving may be used.
8. Anywhere from 5-14 days after the treatment, shedding of the treated hair may occur and this appears as new hair growth. This is **NOT** new hair growth. You can clean and remove the hair by washing or wiping the area with a wet cloth or Loofa sponge.
9. After the axillae (underarms) are treated, you may wish to use a powder instead of a deodorant for 24 hours after the treatment to reduce skin irritation.
10. There are no restrictions on bathing except to treat the skin gently, as if you had a sunburn, for the first 24 hours.
11. Return to the office or call for an appointment at the first sign of the return of hair growth. This may be within four to six weeks for the upper body and possibly as long as two to three months for the lower body. Hair regrowth occurs at different rates on different areas of the body. New hair growth will not occur for **AT LEAST** three weeks after treatment.
12. Call your healthcare provider at _____ with any questions or concerns you may have.