

LASER HAIR REMOVAL TREATMENT INFORMED CONSENT FORM

I understand that all items contained herein apply to the following procedure(s): **Laser-Assisted Hair Removal** and **Intense Pulsed Light-Assisted Hair Removal**

No Results are guaranteed!

The 3 most important risks/complications of Laser procedures are - **Burns, Scarring, and Discoloration**, which can be lighter (hypopigmentation) or darker (hyperpigmentation), all 3 can be permanent. These are rare but we need you to be aware before starting this procedure.

Pain an important determinant to prevent burns and other adverse events during the procedure. If your pain is more than 4 on a scale of 10, you must ask the staff to STOP the procedure. Pain scale - 1 being the least and 10 being the worst pain you have ever had.

Nature of the Laser Hair Removal Procedure

The purpose of this procedure is to reduce unwanted hair. When the laser beam passes over the skin, the heat from the energy source selectively destroys the hair follicles that are actively growing (versus those that are resting or in falling out phase). Because hair actively grows in different cycles, approximately 6 or more treatments are required to achieve a significant, long-term reduction in hair growth. Industry standard for hair reduction is generally about 80 to 90% reduction in hair. However, there are no guarantees of any % reduction due to several factors that are different for every individual including but not limited to skin type, hair color, hair type, hair density, medical history, medications, patient compliance with pre/post care instructions and individual response to treatment. It is important to maintain a regular treatment schedule as proposed by us.

Possible Alternative Procedures -

Alternative methods of hair removal are electrolysis, shaving, waxing, tweezing, plucking, threading, sugaring, other laser-assisted hair removal technologies and various topical therapies

Potential benefit and what to reasonably expect –

Again no results guaranteed but the benefit is - Permanent hair reduction. When all is said and done you should not have to shave daily again ever. You may have a stray hair here or there but for all practical purposes you should not have to shave or wax etc on a regular basis.

You should expect 80 – 90% of your hair on the treatment area gone. Laser Hair Removal can permanently reduce the numbers of hairs growing in the treated areas. Any remaining hair will generally be thinning and more easily treated by alternative methods.

Limitations –

No results guaranteed. This program will require multiple treatments. The goal of Laser Hair Removal, as in any cosmetic procedure, is improvement, not perfection.

COMPLICATIONS (which can be PERMANENT) - of this procedure include but are not limited to -

- Burns – Laser treatment can result in blistering/crusting/ flaking of the treatment areas

- Scarring – can occur when the skin surface is disrupted / when a burn heals. Follow post procedure instructions carefully to minimize the risk of scarring
- Discoloration - Skin Color changes, either lighter (**hypopigmentation**) or darker (**hyperpigmentation**) may occur. Usually temporary but can become permanent
- Eye Hazard – use the provided protective eyewear at all times during the treatment to protect accidental laser exposure

RISKS of this procedure include but are not limited to –

- Pain / Discomfort – Many pts describe the sensation as ‘warm heat sensation’ or snap of a rubber band with pain scale of 2 to 3. It is your responsibility to inform us if your **pain** during the procedure is more than 4 on a scale of 10. 1 being the least and 10 being the worst pain you ever had.
- Slight Redness or Swelling – hive like reaction,
- Tenderness or mild tingling
- Sun Sensitivity - temporary increased susceptibility to sunburn
- Acne Breakout
- Activation of Fever Blisters (herpes)
- Melasma – may get worse
- Bruising
- Blister/Scab and Skin Infection
- Drug reactions or interactions
- Mismatch in color or texture of the skin

CONTRAINDICATIONS of this procedure include but are not limited to –

- Tanning – excess Sun Exposure, Tanning Beds & Sunless Tanners 1 month prior
- Accutane (must discontinue 6 months before beginning treatment)
- Use of photosensitive medications which cause increased sensitivity to treatment
- History of keloid scarring or abnormal wound healing
- Tattoos, active sores, rash (psoriasis, eczema) or infection in the treatment area
- History of Seizures/Epilepsy
- Pregnancy and nursing
- Any internal metal device, i.e. surgical screws, pins, plates, or implants in the area to
- Hormonal imbalance, pregnancy and menopause can affect treatment outcomes

Tanning – No tanning during the course of the laser treatments. Tanning increases risk of complications. Avoid all tanning, sun exposure, tanning beds etc for 4 weeks before and 1 week after each treatment. Your scheduled treatment will be postponed if you’re too tan.

Tattoos (and ‘permanent’ makeup) - We do not perform laser procedure over the tattoo, unless specifically approved by the physician. Lasering over tattoo may damage or lighten it and increase risk of burns, scarring and discoloration.

Photographs –

- I authorize the taking of photographs or videotapes, or other similar means of recording the treatment.

- I understand that these recordings may be used for documenting progress of my treatment and outcomes, illustrating the medical procedure, medical study, research, publication and marketing.
- I give permission to use and publish the same in whole or in part, individually or in conjunction with other photographs, in any medium for any purpose, including art, illustration, promotion, advertising or trade, email, Facebook & other social media, website etc.
- Failure to allow the taking of photographs of my treatments will make it impossible to judge the efficacy of my treatments and will void any extended treatment program, guaranty and/or any treatment beyond those included in the purchased package.
- I give permission to American Laser Med Spa to copyright the same in their name or any other name that they may choose
- I hereby release ALMS and its agents from any and all claims and demands arising out of, or in conjunction with the use of the photographs

I certify that I have read this entire consent and I agree to all the information presented to me in the clinic and in this consent form & the pre/post procedure instructions. A member of the ALMS staff has explained the following:

- No results are guaranteed.
- Nature of my condition and nature of the procedure
- Alternative procedures
- The potential benefits & what to reasonably expect after undergoing this procedure & limitations
- The complications, risks and contraindications of this procedure
- Benefits of this procedure over the alternatives
- I have had ample opportunity to ask any questions regarding the procedure, side effects and after care, and all of my questions have been answered to my satisfaction. I believe I have adequate knowledge to understand the nature and risk of the treatment to which I am consenting.
- Upon request, I have been given copies of the consent and pre/post care instructions.

I understand the procedure and accept the risks, and request that the provider at American Laser Med Spa perform this procedure.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all my **Laser Hair Removal treatments** in the future as well.

Patient Signature _____ Date _____

Staff Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

LASER HAIR REMOVAL PRE & POST PROCEDURE INSTRUCTIONS

For your safety & to obtain optimum results, please follow these instructions diligently

Before Treatment -

- **PAIN** – Tell us to stop the procedure if pain is more than 4 on a scale of 10 during treatment. Most patients feel pain scale of 2 to 3.
- **NO TANNING.** No direct sun exposure, tanning booths and self tanner 4 weeks prior to and 1 week after treatment.
- If the treatment area is face, preferably come with your makeup off
- **No waxing, tweezing,** coloring or depilatories on the treatment area during the entire course of your treatments. Shaving or clipping is permitted as often as desired.
- **Shave the treatment area** on the day of your treatment unless instructed otherwise
- **Shaving Fee \$75** - If you cannot shave, we will shave the area for you. There will be a **\$75 shaving fee.**
- **No skin lightener, exfoliation products or bleaching creams** 2 days before & 2 days after treatment or until all pinkness has subsided, on the treatment area.
- **No creams, lotions or deodorant** on the treatment area prior to treatment.
- Notify us of any change in Medications or Medical History since last visit –eg Pregnancy, use of antibiotics or Accutane or new tattoos (on the area of treatment)
- **No Show Fee \$75** - If you must cancel or reschedule your appointment, please contact the office at least 24 hours in advance, failure to do so will result in **\$75 no show/late cancellation fee**

After Treatment -

- After you leave the clinic, if there are any problems in the next 24 hours, **please contact the clinic immediately especially if pain or burning sensation** at level 4 or more and is not improving OR if a burn or a blister formation has occurred.
- After treatment, the area may feel similar to mild sunburn. If needed, apply cool compress along with Solar Caine (available over the counter) 3-4 times a day until resolved.
- After treatment, avoid direct sun exposure or tanning on treated area for 1 week to prevent burn.
- Use Sunscreen - Sunscreen SPF 30 or higher is highly recommended
- To wash, use tepid water and mild soap. Do not use hot water on freshly treated areas until pinkness has subsided
- The hairs that are destroyed from the treatment will gradually work themselves out. This process can take up to 4 weeks. Do not pick, rub or scratch the treated areas.
- Please note the important risks of laser procedures – Burns, Scarring and Discoloration all of which can be permanent

If you have any questions or concerns, please contact our clinic

I have read and understand the instructions and realize to obtain optimum results I must follow these instructions diligently.

Patient Signature _____ Date _____