

# Laser Hair Removal Consent Form



I hereby authorize and direct the laser technicians of Southeastern Esthetics Institute to perform laser assisted hair removal on me. I understand that this procedure works on the growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is not possible and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand that routine maintenance at least once per year is recommended after treatments are completed.

The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to infection, scarring, crusting, re-growth of hair, or blistering

## Pre and post treatment instructions.

I am aware of the following possible experiences/risks that can result:

**DISCOMFORT:** Some discomfort may be experienced during laser treatment.

**BRUISING/SWELLING/INFECTION:** Occasionally, bruising of the treated area may occur. Additionally, there may be some swelling, or rarely an infection of the skin at site of the treated area may occur.

**SKIN PIGMENT CHANGES:** During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary but rarely may be permanent.

**WOUND HEALING:** Laser Hair Treatment can result in swelling, blistering, crusting or flaking of the treated areas, which may require 1-3 weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for several months or longer in some patients. This is more likely to happen in patients taking medications causing photosensitivity or in patients with dark skin.

**SCARRING:** Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the risk of scarring, it is important to follow all post-treatment instructions carefully.

**EYE EXPOSURE:** Protective eyewear (colored shields) will be provided for wear during the laser treatment. It is **MANDATORY** that the shields be worn at all times during the treatment. Failure to do so could result in accidental laser exposure to the eye that could cause vision damage.

**LACK OF PERMANENT RESULTS:** Treatments may vary among patients. For some this may mean a significant decrease in the frequency with which you must shave or tweeze. For others, it may mean permanent cosmetic improvement because hair re-growth is minimal., very fine or completely absent. **EVERYONE WILL EXPERIENCE OME HAIR RE-GROWTH** over time, regardless of the technology used. Hair that grows back will tend to be finer, lighter and less dense.

## Acknowledgement

By my signature below, I certify that I have read and fully understand the contents of this permit for Laser Hair Removal and that the disclosures referred to herein were made to me.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_