



Pre/Post Instructions & Consent For Laser Hair Removal

- 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.
- Use Aloe Vera and sunscreen as often as needed for 3 days after the treatment. Post laser lotion can be purchased with each package. Please ask associate for details.
- Shave the treatment area the day of your treatment unless instructed otherwise. If you cannot shave, we will shave the area for you at an additional **\$35 charge**.
- Do not use on areas of Hair Removal: exfoliation products or bleaching creams 2 days before and 2 to 4 days after treatment or until all pinkness has subsided.
- If you have elected to use topical anesthetic, apply it to the skin in accordance with the product instructions 1 hour before your scheduled appointment. However, the topical anesthetic must be washed off before treatment.
- Do not apply creams, lotions, or deodorant on the area to be treated the day of treatment except for on the face, which is easy to wash.
- Use SPF 30 or higher sun block during the course of the treatments.
- You may experience a slight sunburn or razor burn feeling after a treatment. Although rare, a fine crust, swelling, or blistering may develop in certain sensitive areas. In these instances, you may apply a cool compress and Aloe Vera as needed until resolved. This may last 1 to 3 days.
- Washing is permitted with a mild soap and tepid water. Never use hot water on freshly treated areas.
- The hairs that will die from your treatment will gradually work themselves out. Please do not pick, rub or scratch. This process can take up to 3 to 4 weeks.

If you must cancel or reschedule your appointment, please contact the office at least 24 hours in advance. Otherwise, a \$35 cancellation fee will be applied, due to the high demand for treatment time.

If you have any questions or concerns, please contact us as soon as possible. We look forward to seeing you at your next appointment.

I have read and understand the above instructions. In order to obtain the best results, I must follow these instructions diligently.

I have been advised that it will take at least _____ treatments. I realize this is just an estimate and it may take fewer or more treatments. I further understand that the desired outcome of this treatment is permanent hair reduction. Complete removal of all hair in a treated area is desirable but may not be achievable due to previous issues like plucking or in some skin types or hair colors. Depending on your results, Cary Laser Skin Center at their discretion may offer you some touch-up visits after you complete your full treatment package to improve your results.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Pre/Post Instructions & Consent For Laser Hair Removal

Sun Tanning/Artificial Tanning

No tanning (sun or artificial) 3 to 4 weeks prior and 1 week after your treatment. Sun block is required for everyday sun exposure and those times when you may have direct tanning.

Contraindications

Contraindications include pregnancy, Accutane, epilepsy or those who have a history of seizure, diabetes (we do not treat below elbows or below knees), chemo or radiation therapy, pacemaker, internal defibrillator, an internal metal device (surgical screws, pins, plates, or implants) in the area to be treated, HIV positive (a letter of clearance is needed), multiple sclerosis (a letter of clearance with confirmation that the area to be treated in not numb), scleroderma, lupus, sarcoidosis, children under the age of 12, treatment over numbness of any body part, over moles or lesions of any kind, over tattoos, port wine stains, under the eyebrows, or any orifice. Use of photosensitive medications may cause increased skin sensitivity to laser treatment.

Eye Exposure

While there is a risk of inadvertent harmful eye exposure to laser treatments, safeguards have been provided including the use of protective eyewear during treatment. It is important that you keep these protective goggles on at all times during the treatment.

Summary

Your consultant has explained the theory of the laser device, any risks, including possible complications and benefits. Alternative methods of removing excess hair are shaving, waxing, plucking, coloring, and electrolysis.

The minimum number of treatments for optimum results has been outlined. However, it is understood that there is great variation in response. Laser Hair removal results in reduction of hair follicles in the treated area. Complete removal of all hair follicles is desirable but not sometime achievable. We can never completely guarantee any results. The consultant has also explained treatment protocols, laser safety and necessary precautions.

I have been given the opportunity to ask any question and have received satisfactory answers. I hereby authorize Cary Laser Skin Center to perform and assist in the laser treatment. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian will also be required before treatment. I agree to have photographs taken of me to document the progress of my treatments. I consent to the use of these photos for quality control and educational purposes.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form, and I have been given written Pre and Post Instructions, which I will adhere to regarding Laser Hair Removal. My signature acknowledges that I am informed.

Patient Signature: _____ Date/Time: _____

Parent/Legal Guardian Signature: _____ Date/Time: _____

Staff Signature: _____ Date/Time: _____



Pre/Post Instructions & Consent For Laser Hair Removal

This consent is designed to give _____ the information needed to make an informed decision to undergo laser treatment for hair removal. Although Laser Hair Removal is quite effective, you require a series of treatment for hair removal. The hair often becomes thinner and lighter after each treatment. Please read this form to be sure you understand it completely before making your decision.

Risks and Complications

Individual responses to treatment with the laser device may vary. Some people may feel minimal discomfort during treatment, but this is for a short duration. Although a topical or local anesthetic may be used to eliminate or reduce any discomfort, most people can tolerate the treatment without anesthetic. After treatment, the area may feel similar to mild sunburn and the use of post laser lotion and sun block is mandatory throughout your treatment course.

Scarring: Whenever there is any disruption of the skin surface a rare possibility exists of hypertrophy scars (enlarged scars) and keloid scars (abnormal, heavy raised scar formation) for those with a predisposition if post treatment instructions are not followed. To avoid the chance of scarring, it is important that you follow all instructions carefully.

Blistering, scabbing: Should this occur you must contact our office immediately so that we can advise you and document this occurrence.

Pigment and Color Changes

Some Clients have a predisposition to this type of reaction (darkening of the skin) and may have experienced it with minor cuts or abrasions. To minimize the chances of skin darkening in the treated area, avoid sun tanning 3 to 4 weeks before and 1 week after treatments. In some darker skin colors, darkening of the skin may occur even though the area has been protected from the sun. The darkening usually fades away in 1 to 4 months on its own, although a topical bleaching agent would be prescribed for quicker results. Rarely, however, the dark area becomes permanent. In some clients, the treated area may become lighter in color than the surrounding skin. This lightened area will gradually fade away and return to normal over a period of 1 to 4 months. Rarely, however, does lightening of the skin color become permanent.

Initial/Date: _____

I have read and understand the above instructions. In order to obtain the best results, I must follow these instructions diligently.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____