# Hair Removal Laser Consent Form

Laser treatment is one method of removing unwanted hair. Multiple treatments are required to achieve permanent hair loss and strict adherence to pre and post treatment instructions is required in order to obtain positive and safe results.

Laser Hair removal only works on hair that has pigment, therefore patients with gray, blonde, red of white hair are not ideal candidates for this therapy.

Most patients required between 6-8 sessions to achieve a minimum of 80% hair loss.

Intense Pulse Light laser treatment is not safe to perform on tanned skin. It is imperative that you avoid direct sun exposure for 2 weeks before and 2 weeks after an Intense Pulse Light laser treatment. Patients must wear an SPF of 30 or higher during the above time frame as well.

I understand that there are certain risks with any laser treatment, including – but not limited to the following:

- Post treatment discomfort, such as redness and swelling, which may last up to 7 days.
- Burns, bruising or blistering to the skin.
- Pigment changes, including transient hyper-pigmentation (darkening of the skin) or hypo-pigmentation (lightening of the skin). Freckles may temporarily or permanently disappear. Darkening of sun damage and capillaries is normal after Intense Pulse Light treatment, and usually fade within 7 days.
- There is a possibility that treatments will not work and patient will not achieve the desired results.

# CONSENT FOR TREATMENT

1. I hereby authorize Dr. Few and such assistants as may be selected to perform the following procedure or treatment:

## Intense Pulse Light Laser Treatment

I have received the following information sheet:

**INFORMED CONSENT – INTENSE PULSE LIGHT LASER TREATMENT**

2. I recognize that during the course of the medical treatment 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 at the time the procedure is begun.

3. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.

4. I consent to be photographed or televised before, during, and after 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 the pictures.

5. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

6. I authorize the release of my Social Security number to appropriate agencies for legal reporting, if applicable.

7. I realize that not having the treatment is an option.

8. The Procedure has been explained to me in a way that I understand:

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

_____

_ Patient or Person Authorized to Sign for Patient

Date: