

Reflections
Aesthetic and Laser Solutions

Hair & Vein Removal • Sun Spot Removal • Restylane • Botox • Skin Care

Laser hair removal pre & post care instructions

Before your laser treatment:

1. Use sunscreen daily, sun burned skin cannot be treated.
2. Avoid any irritants to your face, such as any products containing Hydroquinone, bleaching creams, Retin-A, retinol, benzoyl peroxide, glycolic/salicylic acids or astringents **for at least 2 weeks**.
3. **Do not use self-tanning agents for at least two weeks** before any treatment. If you have used these products, thoroughly cleanse the area with abrasive/exfoliating scrub to remove all product two weeks prior to any treatment.
4. **DO NOT** pluck or wax for **at least 1 month** prior to your first treatment, continuing through the course of your treatments. Plucking/waxing removes the target hair. **DO NOT** bleach or use "Nair"-type products for **2 weeks** prior to treatment, this can irritate the skin.
5. Please **do not wear any makeup, perfume or lotions** in the treatment area prior to your treatment.
6. Before each treatment, please inform us if you are taking any new antibiotics or medications, as they may make your skin photosensitive and therefore we may not be able to treat you for one to two weeks after completion of the antibiotic.

After your laser treatment:

1. If treating the face, please continue using sunscreen daily for the entire treatment period.
2. Until initial skin irritation subsides, avoid hot water and anything irritating to the skin. Our Green Tea Serum and Herbal Wash is very soothing. Advil or Motrin can be helpful.
3. Avoid any irritants to your face, such as any products containing Retin-A, retinol, benzoyl peroxide, glycolic/salicylic acids or astringents for at least 2 days.
4. Do not wear tight, constricting clothing in the treated area as irritation can occur and skin cannot cool properly.
5. Do not exercise, receive any body treatments, take hot showers, use saunas or hot tubs until skin is back to normal.

For all other questions, please refer to the FAQs sheet or "What to Expect" form.

Please call us if you have any questions at **772-567-7196**

Your referrals are greatly appreciated. We will send you a \$25 gift certificate towards your next treatment for each friend or relative that you refer to us.

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PERMISSION FOR LASER HAIR REDUCTION

Do not sign this form until you have read it and fully understand its contents.

Patient Name: _____

I acknowledge and understand that the following procedure has been described to me to my satisfaction:

Laser Hair Removal with the CoolGlide™ Nd-Yag Laser

I hereby authorize and direct Reflections personnel under the direction of _____, M.D./Or Certified Laser Specialist to perform laser assisted hair removal on me.

The following points have been discussed with me:

1. **The mode of action of the treatment** - The laser light penetrates the skin and is absorbed by the melanin pigment in the hair, causing a rapid heating of the hair shaft and root. This process disables the entire hair follicle.
2. **The proposed benefits of laser treatment** - For most patients, this procedure will cause permanent hair reduction. This means a long term, stable reduction in the number of hairs regrowing after the treatment regimen.
3. **The probability of success** - The laser disables the growing hair follicle but not the dormant hair follicle. Each treatment results in the destruction of a percentage of all hair follicles. Several treatments may be required to completely remove all the hair. Hair removal may be prolonged and even permanent. However, some patients may not experience complete hair loss even after multiple laser procedures. Results depend on skin and hair type.

Hair removal with Laser is a common procedure that is safely performed in thousands of patients annually. Complications are rare and usually minor. However, complications may occur. I am aware of the following possible experiences with laser procedures:

1. **DISCOMFORT** - Mild pain may be experienced during laser treatment. Most people tolerate the procedure well, but some may need a topical anesthetic cream.
2. **HEALING** - Laser surgery may result in swelling, blistering, crusting or flaking of the treated area, which may require 1 to 3 weeks to heal. Once the surface has healed, it may be pink and sensitive to the sun for an additional 2 to 4 weeks or longer in some patients. Only a small percentage of patients will have this problem.
3. **BRUISING/SWELLING/INFECTION** - Bruising of the treated area may be seen for 2 or 3 days. Swelling can occur after the procedure and last for several hours, especially when the nose and cheeks are treated. A skin infection is a rare but possible complication.
4. **PIGMENT CHANGES** - (Changes in skin color) - The treated area may become either lighter or darker in color than the surrounding skin. This effect typically resolves spontaneously in a few months, but can last much longer.

5. SCARING - Scarring is a rare occurrence, but it is a possibility when the surface of the skin is disrupted. To minimize the chances of complications, it is important that you follow all of the before and after instructions carefully.

6. EYE EXPOSURE - Protective eyewear will be provided during the procedure. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

I understand that the medical personnel and other assistants will rely on statements made by me to determine that the procedure is safe and effective.

ACKNOWLEDGMENT

I understand that laser hair removal is not an exact science, and that no guarantee or assurances can be given to me concerning the results of this procedure.

By signing this form, I acknowledge that I have read this form, that I fully understand its contents, and that I have been given ample opportunity to ask questions and that all questions have been answered to my satisfaction. I understand that I can call or return to the office at any time to ask for more information from the doctor or his staff.

I authorize the taking of photographs before, during and after the laser procedures. I understand that these photographs may be used for medical education, research and documentation of the medical record.

I consent to allow the medical personnel at Reflections under the supervision and control of _____, M.D./Or Certified Laser Specialist to perform Laser Hair Removal with the CoolGlide™ Nd-Yag Laser.

Patient

Witness

Date

I understand that I will be charged a fee of \$50.00 if I fail to give Reflections 24 hours notice for the cancellation of an appointment. I also understand that once I've started my treatment program there are no refunds.

Initials