

CONSENT FOR LASER HAIR REMOVAL TREATMENT

I authorize McGuiness Dermatology to perform laser skin treatments on me, including but not limited to reducing or eliminating hair. I understand that the procedure is elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The Palomar Vectus Laser is a laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example (melanin in hair, pigment in a lesion), causing a thermal reaction. All personnel in the treatment room, including me must wear protective eyewear to prevent eye damage from this light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat. The practitioner or physician elects to use an anesthetic to reduce discomfort during any light-based treatment; all options and risks associated with the anesthetic will be discussed with me.
- The treated area may be red and swollen a few hours to 3-4 days or longer. Cooling the area after the treatment (for example, ice packs, and topical gels) may help reduce discomfort and swelling.
- Common side effects include temporary redness (erythema) or mild "sunburn"-like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to: crusting, irritation, peeling, bruising, redness, ingrown hairs, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. Additionally there is a risk of resulting in unsatisfactory appearance and failure to achieve desired results.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer may occur. In some instances this discoloration may become permanent. Freckles may temporarily or permanently lighten or disappear in treated areas.
- Lightening or darkening of vascular lesions may occur.
- Serious complications are rare but possible, such as, scarring, blood clots, skin loss, hematoma (collection of blood under skin), and allergic reaction to medications or materials used during the procedure.
- I understand and accept that there is a chance of additional side effects like blanching (paling or whitening of skin) and or significant redness.
- There is no guarantee that the expected or anticipated results will be achieved.
- Sun, tanning beds, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me may increase the chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sun block (SPF 45 recommended) at least 4 weeks after treatment.
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth than before.
- There is high risk of paradoxical hair growth in people of Middle Eastern and Mediterranean descent and those who have an ill-defined hair line with no obvious transition of the hairline to the face.
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment.
- I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s). I understand that all forms of anesthesia and sedation involve risk and the possibility of complications, injury, and in rare instances death.
- Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

I consent to photographs and digital images being taken and used to evaluate treatment.

Before and after-treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

I have read and understand all information presented to me before agreeing and authorizing treatment. I have had all my questions answered.

I freely consent to the proposed treatment today as well as for future treatments as needed.