Associated Skin Care Specialists

Consent for Laser Hair Removal

- **The goal of laser hair removal as with any cosmetic procedure is improvement, not perfection. Clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance with pre/post treatment instructions, and individual response to treatment.**
  - I understand that a series of treatments is necessary to achieve optimal hair reduction results. The number of treatments required varies per patient.
- **There is no guarantee that the expected or anticipated results will be achieved. There is a possibility that the procedure will be unsuccessful, and laser hair removal may not show improvement.**
  - I have received a copy of pre/post laser hair removal treatment instructions and agree to follow the instructions carefully to minimize the risk of side effects.
- **Although complications are infrequent following a laser hair removal treatment, I understand the following side effects or complications may occur and could happen to me:**
  - I understand that there may be mild to moderate discomfort felt during the treatment. The sensation is similar to snapping the skin with a rubber band.
  - I understand there is a possibility of short-term side effects such as reddening, blistering, scabbing, temporary bruising and temporary skin discoloration of the skin in the areas treated.
  - Blisters/scabs/crusting may occur with laser hair removal. If this occurs, contact our office immediately and keep the blistered area moist by applying Aquaphor ointment. Blisters may take 4-10 days to heal.
- **Activation of cold sores may occur with laser hair removal. An antiviral may be taken prophylactically during and following a treatment to reduce the risk of developing a cold sore.**
  - I understand there is a possibility of skin discoloration such as lightening (hypopigmentation) or darkening (hyperpigmentation) on the treated area. Pigmentation changes can develop even after several treatments and may last many months. Hyperpigmentation or hypopigmentation can be permanent but is rare. Patients with darker skin can be more prone to pigmentation changes.
- **There is a small chance of scarring, including hypertrophic scars which are enlarged scars, and rarely, keloid scars, which are abnormal, heavy, and raised. Scarring is a rare occurrence but is a possibility. To minimize the risk of scarring, it is important that patients follow all treatment instructions carefully.**
  - I understand that there is a risk of accidental eye injury if struck by the laser beam. This is very unlikely, since complete eye protection will be worn at all times during the laser treatment sessions.
  - I am aware of the advantages and disadvantages of laser hair removal. I understand the nature, goals, and limitations, & possible complications of this procedure and have discussed this treatment and alternative forms of treatment with my provider. I understand the potential risks and consent to treatment.

Patient Signature_____Print Name_____Date_____

Consent of a parent/legal guardian

I, _____, as parent/legal guardian of the above named patient, a minor, hereby consent and authorize treatment and have no further questions regarding this procedure.

Parent Signature/
Guardian Signature_____Print Name_____Date_____

Provider Signature_____Date_____

By my signature below, I acknowledge that I have read this consent form and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and wish to proceed with this chemical peel treatment.

Patient Signature____Print Name______________________________Date____________

Parent Signature/
Guardian Signature_____________________________________Print Name______________________________Date____________

Patient Signature____Print Name______________________________Date____________

Parent Signature/
Guardian Signature_____________________________________Print Name______________________________Date____________

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