

## Laser Hair Removal Informed Consent

An informed consent requires that common complications are made known to you. Most of these are not expected to occur. All must be considered. The law requires that you be informed. Although side effects and or complications following laser treatment are infrequent; *by placing my initials next to the following items I clearly understand and accept the following may occur:*

\_\_\_\_\_ Laser causes immediate redness and swelling of the area that subsides within a few hours or a few days. Side effects and complications may include but are not limited to the reddening, mild burning, temporary bruising and temporary discoloration that may last for several days after the treatment. Rarely, scarring, blistering or permanent discoloration may occur. Pigmented lesions such as freckles may become permanently removed.

\_\_\_\_\_ Results may vary with different skin types, hair color and location. Based on experience with patients and discussion with many other physicians, we have found that those persons who tend to sunburn than tan usually obtain good results after each treatment. On the other hand, those who tan easily tend to have more variation in their results. Some have experienced partial results and some may experience no improvement at all.

\_\_\_\_\_ The laser most effectively disables hair that is in the active phase. Because all the hair in the treated area may not be in the Active Growth Phase, more than one laser treatment may be necessary to remove the hair.

\_\_\_\_\_ I have received the "Laser Hair Removal FAQ" information sheet and will comply with all the before and after care noted.

\_\_\_\_\_ Although the results are dramatic, I acknowledge that no guarantees can be or have been made to me as to the expected results of this laser treatment.

\_\_\_\_\_ *For women*, if there is any chance that you may be pregnant, treatment is not recommended. I have been made aware that I am not eligible for treatment if I am or do become pregnant.

\_\_\_\_\_ There is no refund for services rendered.

Although there are several risks known to describe above there may be some risks that are still unknown. I have read and understand the goals, limitations and possible complications of the treatment as noted above.

By signing this it indicates that: (1) you have read and understood the information provided in this form and Laser Hair Removal FAQ sheet, (2) the treatment set forth above has been adequately explained to you by the doctor or his associate, (3) you have had a chance to ask questions, (4) you have received all of the information you desire concerning this treatment, (5) you have been informed of all the risks and benefits involved in such treatment and alternative or no treatment at all, (6) and you authorize and consent to the treatment.

\_\_\_\_\_  
Patient/Patient Representative Signature  
If Representative, Print Name and Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time