

## Laser Hair Removal Informed Consent

I understand that laser-assisted hair removal is an FDA approved noninvasive procedure to achieve permanent hair reduction that is defined as the long-term stable reduction in the number of hairs regrowing after a treatment regime. While laser treatments are effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. Additionally, the nature of laser treatments may require that the client return for multiple treatments in order to achieve the desired results, or to determine that laser treatments may not be completely effective in treating their particular condition. I hereby authorize the professional laser technician of Audubon Dermatology, LLC to perform the above listed procedure(s). I further authorize the certified Audubon Dermatology, LLC professional to do any other procedure that in their judgment they may dictate to be necessary or advisable should unforeseen circumstances arise during the procedure.

The potential benefits of the proposed procedure, the probability of success, and the most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including but not limited to, infection, scarring, burns, recurrence of hair growth, pigmentation changes, pain, bleeding, and local nerve damage have been discussed with me.

*As with any medical procedure, you should be aware of the safety issues and restrictions associated with laser hair removal.*

Discomfort may be experienced during the procedure. The sensation of the laser may be uncomfortable and may feel like a moderate to severe prick or a sensation of heat which lasts for only a few seconds.

Transient epidermal (skin) injury manifested with symptoms including mild sunburn-type pain, erythema (redness), edema (swelling), and/or blistering may be experienced. The laser treatment may result in transient textural changes such as weeping, crusting, scabbing or flaking of the treated areas, which may require one to three weeks to heal. Once the skin surface has healed, it may be pink and sensitive to the sun for an additional two to four weeks. Skin infection is a possibility any time a skin procedure is performed.

During the healing process, there is a possibility of the treated area becoming either darker (hyperpigmented) or lighter (hypopigmented) in color than the surrounding skin. This is usually temporary, but on a rare occasion, it may be permanent.

Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all the post-treatment instructions carefully. Persons with a history of keloid scar formation may be more prone to scarring after any skin trauma, including laser treatments, therefore caution is advised.

If I choose to have topical anesthesia applied I understand all risk associated with topical anesthesia are possible including allergic reaction, swelling, irritation, and in large quantities overdose which can result in death.

Medications such as doxycycline and tetracycline should be discontinued three days prior to treatment.

Those who carry the herpes simplex virus and receive treatment near the affected area, on their upper lip, chin, lower cheeks or bikini line, may have a “flare-up” of their condition.

Laser hair removal may not completely remove or prevent future hair growth. In rare cases Paradoxical Hypertrichosis or stimulation of hair growth could occur, treating with subsequent treatments will help to reduce hair growth. Results are not guaranteed.

Protective eye wear (goggles), optical grade 5, will be provided. It is important to keep these goggles on at all times during the treatment in order to protect your eyes from accidental laser exposure.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment the day of the treatment.

I am not pregnant or trying to become pregnant nor am I nursing at this time.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. No refund will be given.

I release Audubon Dermatology, LLC, Dr. Hooper, Dr. Jackson and all medical staff, from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Client's Name (Please Print): \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_