



## **Laser Hair Removal Consent Form**

**I duly authorize About Image Med Spa to perform Hair Removal using a laser or light-based device and any post treatment medical requirements that may be necessary.**

I understand that hair removal is a procedure performed with a light-based device designed to selectively target hair follicles to reduce or eliminate unwanted hair and that the results from the treatment may vary with everyone.

I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

I understand that results may vary depending on individual factors, including medical history, hair color, skin pigmentation, textural problems, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that hair removal may involve a series of treatments, and the fee structure has been fully explained to me.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I am not pregnant currently, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator. I also have completed a medical history checklist and been informed about what I must do and “not do” before, during and after the procedure.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.



## Laser/IPL Hair Removal Informed Consent

A laser or broad spectrum, non-coherent flash-lamp (such as IPL) can be used to reduce unwanted hair. It only affects hair that is actively growing. For this reason, complete destruction of all hair from any one treatment is unlikely, and several treatments are required to obtain a significant, long-term reduction of hair growth. As with all procedures in cosmetic medicine, some individuals show a dramatic improvement, while others show little improvement. The people who have a poor response to laser/IPL hair removal are often those with red or blond hair or hair that has a finer texture, and they may be disappointed. White and gray hair is not affected by laser/IPL devices. Due to multiple types of hair, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. In our experience, approximately 10% of the population does not respond to laser/IPL for hair reduction. As hair grows in cycles, multiple treatments offer the best results.

### Contraindications For This Treatment Include:

1. Unprotected sun exposure, tanning beds, and sunless tanners 3-4 weeks prior
2. Waxing of the area within the last 8 weeks
3. Use of depilatory creams or bleach 4-6 weeks prior
4. Pregnancy and nursing mothers
5. Temporary dermal fillers within last 2 weeks
6. Permanent fillers particularly silicone (silicone insulates creating much heat)
7. History of seizures
8. History of keloid scarring
9. Active infection, undiagnosed lesions, warts, tattoos in the treatment area
10. History of cold sores (herpes simplex); treatments can reactivate herpes, and prophylactic medication may be recommended.
11. Retin-A and similar products 3 days before and 7 days after treatment

### I am aware of the following risks:

1. Mild to moderate discomfort or pain. Many patients describe the sensation as the "snap of a rubber band" against the skin.  
This facility does not use topical anesthetics prior to laser hair removal.
2. Slight redness or swelling of the skin, lasting up to one week or more.
3. Tenderness lasting several days
4. Sun sensitivity in the treated area.  
Avoid the sun and use sun block with at least 15-30 SPF.
5. Acne Breakout may follow laser/IPL hair reduction treatments



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**Though rare with this procedure, I am aware the following may also be considered risks:**

- Wound Healing. Laser/IPL therapy can result in blistering, crusting, or flaking of the treated areas, which may require one to two weeks to heal. Once the surface is healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
- Bruising/Infection. With some devices, bruising of the treated area may occur. Additionally, a skin infection is a possibility although rare, whenever a laser skin procedure is performed.
- Pigment Changes (Skin Color). During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasions, it may be permanent.
- Scarring. 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 post-treatment instructions carefully.
- Eye Exposure. Protective eyewear will be provided; it is important to always keep this eyewear on during the treatment to protect your eyes from accidental laser/IPL exposure.

I understand that this treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize designated members of the Skinovative Center to perform one or more laser/IPL hair removal treatments on me. Alternative means of treatment, such as shaving, waxing, chemical epilation and electrolysis have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the Skinovative Center staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches.

This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the laser treatment and to follow post-laser treatment instructions.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my laser/IPL hair removal treatments in the future as well.



## LASER HAIR REMOVAL CONSENT FORM

The purpose of laser hair removal is to diminish and remove unwanted hair. This procedure requires more than one treatment session. Most clients will need between 4 – 6, and sometimes as many as 8 sessions. The total number of treatment sessions may vary among individuals, depending on skin and hair type and color. I authorize **About Image Med Spa** and its designated staff to perform laser hair removal on my body. I understand that laser hair removal is an FDA-cleared treatment method for hair reduction, and that my treatment will be performed using an FDA-cleared Cynosure Elite Apogee Hair Removal Laser.

I understand that the laser hair removal procedure will include:

- Hair at the treatment site(s) will be shaved
- Cynosure Elite Apogee Hair Removal Laser will be used for the procedure.
- The Cynosure Elite Apogee Hair Removal Laser uses a predetermined energy dose to treat the area(s), and which setting may be changed depending on the area(s) treated
- The time of the treatment will be 5-20 minutes per area treated

I have been advised of the possible adverse reactions in receiving this treatment, which are as follows:

1. Short-term effects may include reddening, swelling, bumps, mild burning, temporary bruising or blistering. Any reddening will generally fade within 2-3 days. Hyperpigmentation (browning of skin) and Hypopigmentation (lightening of skin), although rare, may occur. These conditions usually resolve within 3 – 6 months, but permanent color change and/or scarring is a rare risk, less than 1%. Avoiding sun exposure before and after treatment reduces the risk of color change.



## LASER HAIR REMOVAL CONSENT FORM

2. Infection following treatment is quite unusual, but bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can be stimulated by laser treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional skin treatments or medical antibiotics may be necessary. **About Image Med Spa** disclaims any responsibility or obligation to pay for medical treatment in the event that a skin infection occurs.
3. Allergic reactions, although very rare, may occur. Local skin allergies to topical preparations, tape, or preservatives used in cosmetics can occur. Avoid irritants such as products containing glycolic acid or Retin-A in the area for a minimum of 5-7 days. Do not apply deodorant on the treated area for 48 hours

If any of the conditions above persist, please consult your hair removal practitioner or your physician immediately. Do not apply deodorant or products containing glycolic acid or Retin-A to treated areas if irritations, reactions, or skin allergies persist beyond the recommended time. Wait for irritations, reactions, or skin allergies to dissipate before applying any of the aforementioned products to the treated areas.

Hair remaining in the follicle will extrude typically within 1-2 weeks after treatment. This will look like growth but is simply the body's way of eliminating the hair from the injured follicle. On the third day post- treatment, you may shave or gently wash the area to help loosen hair that is still embedded in the follicles.

Unforeseen scheduling or device issues can occur and in the event that they do, **About Image Med Spa** will make a good-faith effort to reschedule at the earliest convenient time for both parties. **About Image Med Spa** is not responsible for any costs or damages incurred due to one of the aforementioned conflicts

**NO GUARANTEE OR WARRANTY HAS BEEN MADE TO ME AS TO THE RESULTS THAT MAY BE OBTAINED.**

**I AM AWARE THAT FOLLOW-UP TREATMENTS MAY BE REQUIRED.**



## **LASER HAIR REMOVAL CONSENT FORM**

**This Agreement supersedes any and all prior agreements** between the parties and this Agreement represents the complete agreement and understanding of the parties and there are no understandings, promises, or expectations which are not expressly set forth herein.

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of laser hair removal treatments. Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that tanning and some medications can make my skin photosensitive. I also understand that any of the aforementioned conditions could cause the laser to damage my skin. I also agree to comply with the recommended aftercare instructions, which are crucial for healing and prevention of scarring and hyperpigmentation.

### **ACKNOWLEDGEMENT:**

My questions regarding the Laser Hair Removal procedure have been answered satisfactorily. I understand and accept the risks and consent to the procedure.

I further acknowledge that:

- (1) I am a person of legal age and the person identified below who is authorized to execute this release.
- (2) I have read this release in its entirety.
- (3) I fully understand and accept its terms; and
- (4) I have executed this release voluntarily.