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MEDICAL SPA & LASER CENTER

LASER HAIR REMOVAL CONSENT

THE PROCEDURE PLANNED IS HAIR REMOVAL, VIA USE OF THE EMVERA DIOLUX 810 DIODE. THIS LASER PRODUCES AN INTENSE BUT GENTLE BURST OF LIGHT THAT FRAGMENTS & REMOVES HAIR WITH SELECTIVE DESTRUCTION WITH MINIMAL HARM TO THE SURROUNDING TISSUE.

THE PROCEDURE REQUIRES SEVERAL TREATMENTS TO ACHIEVE DESIRED RESULTS AND MAY NOT PRODUCE PERMANENT HAIR REMOVAL. THE TOTAL NUMBER OF TREATMENTS WILL VARY BETWEEN INDIVIDUALS. ALTERNATIVE METHODS INCLUDE, BUT ARE NOT LIMITED TO, ELECTROLYSIS, WAXING, EPILATION, SHAVING, TWEEZING, AND USE OF DEPILATORIES. BEFORE UNDERGOING LASER HAIR REMOVAL, CAREFULLY READ THE FOLLOWING STATEMENTS.

INITIAL_____ I UNDERSTAND THAT THE RISKS OF LASER HAIR REMOVAL (LHR) INCLUDE POSSIBLE PAIN, INFECTIONS, SCARRING, OR UNFORESEEN COMPLICATIONS. THERE IS ALSO RISK OF TRANSIENT OR PERMANENT LIGHTENING OR DARKENING OF THE SKIN COLOR, SKIN TEXTURE, AND TEMPORARY REDNESS & SWELLING OF THE TREATMENT AREA. THE RISK OF SCARRING DESPITE PROPER TREATMENT EXISTS BUT CAN BE GREATLY MINIMIZED BY PROPER AFTERCARE. THERE MAY ALSO BE ACTIVATION OF HERPES SIMPLEX VIRUS IF TREATMENT IS ON THE FACE AS WELL AS AN INCREASED SUSCEPTIBILITY TO SUNBURN. PREVIOUS TREATMENT BY ANY METHOD MAY INCREASE ANY OR ALL OF THESE RISKS.

INITIAL_____ I UNDERSTAND HYPER/HYPO-PIGMENTATION IS POSSIBLE AND COULD TAKE THREE TO SIX MONTHS TO HEAL.

INITIAL_____ I UNDERSTAND THAT PROTECTIVE LASER EYEWEAR WILL BE PROVIDED TO ME AND THAT I WILL BE RESPONSIBLE FOR WEARING THE LASER EYEWEAR THROUGHOUT THE ENTIRE TREATMENT SESSION IN ORDER TO PREVENT EYE INJURY FROM THE LASER BEAM. IN ADDITION, THERE IS RISK OF ACCIDENTAL EYE INJURY IF STRUCK BY THE LASER BEAM.

INITIAL_____ I UNDERSTAND THAT THIS PROCEDURE MAY, IN DIFFERENT CASES:

1. REMOVE ALL HAIR, IN SOME CASES PERMANENTLY.
2. REMOVE ONLY SOME BUT NOT ALL HAIR.
3. FAIL TO REMOVE ANY HAIR PERMANENTLY, DESPITE PROPER MEDICAL CARE.

INITIAL_____ I UNDERSTAND MY RESPONSIBILITY FOR PROPERLY FULFILLING THE APPROPRIATE AFTERCARE INSTRUCTIONS. COMPLIANCE WITH THE RECOMMENDED AFTERCARE INSTRUCTIONS IS CRUCIAL FOR HEALING, PREVENTION OF SCARRING, AND HYPERPIGMENTATION.

INITIAL_____ I AM ALSO AWARE THAT LHR IS A COSMETIC PROCEDURE AND THAT I AM RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH IT.

I HEREBY DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT. I UNDERSTAND THE PROCEDURE AND ACCEPT THE RISKS, AND REQUEST LASER HAIR REMOVAL BE PERFORMED BY DOCERE MEDICAL SPA & LASER CENTER.

PATIENT SIGNATURE..... **DATE**.....