



LASER HAIR REMOVAL CONSENT

I consent to the use of the LightSheer Diode laser by trained nurses at the Capitol Vein and Laser Center for the removal of unwanted hair.

I understand that the laser produces a focused beam of light that generates a wavelength of energy that is selectively absorbed by the pigment in the hair follicle. The absorption produces heat, which damages the hair follicle and diminishes its ability to grow hair.

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 treatment. I am aware of alternative methods of hair removal such as shaving, plucking, depilatory creams, waxing and electrolysis. I have made an informed decision to proceed with laser hair removal.

I am aware that multiple treatments are required at indicated intervals in order to capture the hair during its growth phase. I understand that noncompliance with treatment times can affect the success of hair reduction.

Instructions were explained to me that include no tanning or self-tanning creams for 4-6 weeks prior to and after treatments due to increased side effects. Waxing and plucking should be avoided for 6 weeks prior to treatment. Tretinoin products must be discontinued at least 3 days prior to treatment and Accutane must be discontinued for 6 months prior to treatment. Tattoos and permanent makeup in the treatment area can be altered with laser treatments. Viral infections such as herpes simplex (cold sores) can be activated. A complete medical history is to be completed including medications, allergies and skin type.

Skin effects will possibly include temporary redness similar to a sunburn. Some swelling and possibly light crusting may occur. These side effects should resolve within a few hours to several days following treatment. Blisters, infection and/or scarring are rare and usually occur in patients with a history of keloids or excessive scarring. Hypopigmentation or hyperpigmentation is uncommon and rarely permanent. Sun avoidance and use of sunscreen is recommended.

Although actual results cannot be guaranteed, Capitol Vein and Laser Center offers a satisfaction guarantee that is outlined in another form.

I understand that the sensation of the laser is most commonly described as a rubber band snapping against the skin. Topical anesthetic cream is available and has been discussed.



I consent to the taking of photographs and their anonymous use for the purpose 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. I have received a copy of the pre/post treatment instructions and agree to comply. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian/person having legal custody will also be required before treatment.

Date: _____

Printed name: _____

Patient signature: _____

Parent/Legal guardian: _____ (for minors under age 18)

Witness: _____