



INFORMED CONSENT – LASER BASED HAIR REMOVAL

TO THE PATIENT:

Being full informed about your condition and treatment will help you make the decision whether or not to undergo Laser based hair removal. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I hereby authorize the Medical Director(s) or any delegated associates to perform laser based hair removal on me. I understand that this procedure works on the growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is unlikely, and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand some people may not experience complete hair loss even with multiple treatments and that it is only effective on hair with color and does not treat white, grey, blond, or red hair. I understand that genetics, hormones, and hair color may interfere with hair loss and that I may not respond at all.

(Patient's Name)

I am aware of the following possible experiences/risks:

- DISCOMFORT – Some discomfort may be experienced during treatment.
- REDNESS/SWELLING/BRUISING – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- PIGMENT CHANGES (Skin Color) – During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- WOUNDS – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
- INFECTION – Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call Alamo Hills Advanced Aesthetics & Laser Center.
- SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.



The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Possible alternative procedures such as electrolysis, waxing, plucking and depilatories
- Probability of success
- Reasonably anticipated consequences if the procedure is not performed

For women of childbearing age: By signing below I indicate that I am not pregnant. Futhermore, I agree to keep the Medical Director(s) and staff informed should I become pregnant during the course of treatment.

_____I consent and authorize a trained physician, registered nurse, physician assistant, or nurse practitioner of Alamo Hills Advanced Aesthetics & Laser Center to perform Laser Based Hair Removal treatments.

Photographic documentation will be taken. I hereby **do ___do not___** authorize the use of my photographs for teaching purposes.

Patient Consent

I certify that I have read and understand this treatment agreement and that all the blanks were not filled prior to my signature.

Patient Signature

Print Name

Date

Witness Signature

Print Name

Date

Physician or Clinician Certification

I certify that I have explained the nature, purpose, benefits, risks, complication and alternatives to the proposed procedure to the patient. I have answered all questions fully and I believe that the patient fully understands what I have explained.

Clinician Signature
Alamo Hills Advanced Aesthetics & Laser Center

Date