

Informed Consent - Laser Hair Removal

Area to be treated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous hair removal methods (check all that apply):

▢Shaving

▢Tweezing

▢Waxing

▢Depilatories

▢Electrolysis

▢Laser

I understand that laser hair removal is FDA cleared for permanent reduction only, and it is intended for epilation of hair and that clinical results may vary with different skin types, hair color, and treatment area. I understand that there is a possibility of rare side effects, such as scarring and permanent discoloration, as well as short term effects such as reddening, irritated raised rash, blistering, mild burning, swelling, bruising, numbing or temporary discoloration of the skin. Initials \_\_\_\_

I understand that if I have a tattoo or permanent makeup in the area to be treated, there is a possibility of blistering and lightening of the tattoo or permanent makeup Initials \_\_\_\_

I understand that if I have had sun exposure or used a tanning bed within a two-day period, prior to or post laser treatments, I risk a possible pigment change or blistering. Initials \_\_\_\_

I understand that this procedure works on the growing hair follicles, not dormant hair, and for this reason, complete destruction of hair follicles from any treatment i unlikely, and I understand that I will require multiple treatments at regular scheduled intervals to obtain a significant, long term reduction in hair growth. I realize that each individual’s response to treatment is different; therefore, laser treatment results may vary and could range in number of treatments to acheive desired results or may be minimal or not help at all. I also understand that it may take up to 4 weeks for the treated hair to fall out after each treatment. Initials \_\_\_\_

I understand that there are other options for hair removal such as electrolysis, waxing, and chemical preparations. I understand the difference between these options and laser treatment, and am choosing laser as a non-invasive treatment for my hair epilation. Initials \_\_\_\_

I understand that once I have started my treatment program there are no refunds. Initials \_\_\_\_

The clinician has explained to me the contents of this form, and I understand that the nature and purpose of the laser hair removal treatment, including its risks, possible complications, and the fact that each person’s treatment response may be different. Each individual has between 500 and 1000 follicles per square centimeter, of which many may be dormant and there is no way of knowing when they may start growing. Initials \_\_\_\_

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My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks.

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am 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/guardian having legal custody will also be required before treatment. I agree and adhere to all safety precautions and regulations during the skin treatment. I further agree to follow all post-treatment care instructions as I am directed. I hereby release Spa Three Ten and Jessica VanTuyle, M.D. from all liabilities associated with the above indicated procedure.

Patient’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Practitioner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_