

## **Laser/IPL Hair Removal Informed Consent**

A laser or broadspectrum, non-coherent flash-lamp (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 a 15-30 SPF.
5. Acne Breakout may follow laser/IPL hair reduction treatments.

### **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 occasion, it may be permanent.

Initial after reading this page \_\_\_\_\_

- 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 keep this eyewear on at all times 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 Dr. Krieger / Dr. Goldberg 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 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.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Print Name/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name/Relationship

\_\_\_\_\_  
Date