



Informed Consent for Permanent Hair Reduction

Patient name: _____

Date: _____

Treatment site(s) _____

I am aware that there are multiple lasers that can and will be utilized to achieve a successful result and consent to any and all lasers owned by Laguna Laser to be used in the treatment of Laser Hair Reduction throughout treatment.

Initial _____

Previous hair removal methods: (shaving, tweezing, waxing, depilatories, electrolysis, laser)

- The purpose of this procedure is to diminish or remove unwanted hair (80% to 90% on average).
- The procedure requires more than one treatment and may produce permanent hair reduction.
- The total number of treatments will vary among individuals (6 to 12 on average). On occasion, there are patients that do not respond to treatments.
- Treatment intervals will be between 4 and 12 weeks depending on the treatment site.
- Anywhere from 10% to 25% hair loss can be seen per treatment but not guaranteed.
- I am aware I will never be 100% hair free.
- Maintenance treatments will be necessary and have been explained by my provider.
- I have not waxed, tweezed, used cream depilatories, or bleached the treatment area in 3 or more weeks.
- I have not had a spray tan in 3 or more weeks.
- I have not had direct, prolonged, or unprotected sun exposure in 3 or more weeks.

Initial _____

Although rare, the following problems may occur.

- However slight, there is a risk of scarring.
- Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyperpigmentation (browning) and Hypopigmentation (lightening) have also been noted after treatment. These conditions usually resolve within 3-12 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change.
- Infection: Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following treatment. This applies to both individuals with a history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.



- Bleeding: Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.
- Allergic Reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicine.
- I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.

Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Laguna Laser from all liabilities associated with the above-indicated procedure.

Client/Guardian Signature _____

Date _____

Witness Signature _____

Date _____