

Dr. Gene Neytman, DO- Medical Director

## **Informed Consent for Laser Hair Removal**

### INTRODUCTION

This form is intended to provide you with the information needed to make an informed decision as to whether or not undergo laser treatment for laser hair removal from the face, neck and or extremities. This document describes the purpose of this treatment and the procedures followed possible risk, discomforts and complications and potential benefits. When you finish reading this form please sign in the space provided on the last page.

### PURPOSE OF THIS TREATMENT

The purpose of this treatment is to eliminate undesired hair. Lasers have been used for several years to treat such conditions as pigmented spots, vascular spots, tattoos and facial wrinkles. The GentleMax Laser hair removal system is a medical device that emits a laser, which penetrates the skin and the hair follicle.

### PROCEDURE

During your first visit you will be questioned thoroughly concerning your medical history. At treatment sessions the area must be free of creams or make up. A laser light will be applied to the hair areas. After the treatment apply cortisone cream as instructed (optional).

### RISKS, DISCOMFORTS, AND COMPLICATIONS

Patients using medication that requires limited exposure to sunlight or other light, and patients that are pregnant women are not permitted to undergo treatment.

Patients that have been exposed to sun or tanning beds less than 4 weeks prior to appointment are not permitted to undergo treatment

### THE MOST COMMON SIDE EFFECTS OF TREATMENT ARE:

#### PAIN

Many patients experience some discomfort during the procedure and some skin tenderness or burning and stinging sensations which could last for up to 24 hours after procedure.

#### BURNS

Visible burns on skin are a risk of laser hair removal treatment. While this side effect is rare, it is still possible. The best way to avoid burns is to follow all pre and post treatment instructions carefully.

#### SUNSCREEN

Due to Miami climate, daily and continuous application of a broad-spectrum sunscreen is highly advised before and after treatment to prevent complications from incidental sun exposure. A sunscreen is made available to each patient. Neglecting to wear sunscreen will increase risks of side effects.

#### SKIN PIGMENT CHANGES

The treated area may heal with changed pigmentation or color. Such a change occurs more often with darker skin or when the area has been exposed to sunlight. It is important to protect the treated area from exposure to sunlight for 3 months following treatment. With some patients these changes may occur despite adequate protection from sunlight. The changed pigmentation may include more color (hyper-pigmentation) or less color (hypo-pigmentation) usually reverts to its original appearance in 3 to 6 months although occasionally a pigment change may be permanent. There may also be a change in the color of removed hair, which grows back.

#### SCARRING

There is a small chance of scarring, which could include enlarged scars known as hypertrophic scars and very rarely, abnormal heavy raised scar formations called keloid scars. To reduce the chances of scarring it is important to follow post treatment instructions.

#### EXCESSIVE SWELLING

Immediately after treatment, especially when the treatment involves the cheeks or upper lip, swelling may occur. This condition is temporary, not harmful, and usually subsides in 2 to 5 days.

#### FRAGILE SKIN

The skin at or near the treatment area may become fragile. To avoid tearing, this area may not be rubbed or abraded

#### EYE HAZARD

Laser light emitted during treatment can present as an eye hazard. To protect against damage and discomfort you are required to wear protective eyewear, provided by the doctor, which has been designed and tested specifically for this use.

#### Potential Benefits of Laser Hair Removal:

The advantage of treatment with the GentleMax Laser hair removal system is the elimination of undesired hair.

My signature below constitutes my acknowledgement that I, \_\_\_\_\_  
(patient name) Consent and authorize \_\_\_\_\_ (name of clinician) to perform  
agreed upon treatments.

I have been made aware of pre and post treatment care instructions and promise to comply with these instructions. I will not hold emena spa liable for any complications that arise during or after laser hair removal treatment.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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