

**HAIR REMOVAL CONSENT**

Client's name: \_\_\_\_\_

Date: \_\_\_\_\_

Treatment site(s): glabella, lip, chin, neck, face, ears, arms, fingers, chest, areola, linea, underarms, back, buttocks, bikini, labia, thighs, lower legs, feet, and toes.

Combinations: \_\_\_\_\_

The purpose of this procedure is to diminish or remove unwanted hair. I understand the Lumenis LightSheer system is FDA approved for permanent reduction of hair. The procedure requires more than one treatment and may produce permanent hair removal. I understand that clinical results vary with different skin types, hair color, and treatment area. The total number of treatments will vary between individuals and on occasion there are patients that do not respond to treatments. The treated hair should exfoliate or push out in approximately 2-3 weeks. There are alternative methods for hair removal which include: waxing, shaving, tweezing, electrolysis, and chemical epilation.

The following problems / complications may occur with the hair removal system.

1. **Scarring:** However slight, there is a risk of scarring.
2. **Short term side effects:** These may include reddening, mild burning, temporary bruising, or blistering. Hyper-pigmentation (browning) and hypopigmentation (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change.
3. **Infection:** Although infection following laser treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus (HSV) infections around the mouth or genital area can occur following a laser treatment. This applies to individuals with a history of herpes simplex virus infections and those with no history. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.
  - If you have a history of herpes simplex virus, we recommend preventative therapy.
4. **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 medicines.
5. **Vision:** I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.

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Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyper-pigmentation (browning) and hypopigmentation (lightening)

Occasionally, unforeseen mechanical problems may occur, and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

**ACKNOWLEDGMENT:**

I hereby permit Aluov Skin Care to perform the hair removal procedure.

The procedure has been explained to me and the risks of the procedure have also been explained to me. In addition, I have been told that the procedure may not have the result that I expect. I have also been told about alternative methods for hair removal including no treatment.

I am aware that I have not been given any guarantees about the results of this procedure. I have had enough time to discuss my condition and treatment and all of my questions have been answered to my satisfaction. I believe I have enough information to make an informed decision and I agree to have the procedure.

Client/Guardian Print Name: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_