

EMVERA DILOUX LASER HAIR REMOVAL CONSENT FORM



The purpose of laser hair removal is to diminish and remove unwanted hair. This procedure requires more than one treatment session. Most clients will need between 4-6, and sometimes as many as 8 sessions. The total number of treatment sessions may vary among individuals, depending on skin and hair type and color. I authorize _____ and its designated staff to perform laser hair removal on my body. I understand that laser hair removal is an FDA-approved treatment method for hair reduction, and that my treatment will be performed using and FDA-approved Emvera Diolux Hair Removal Laser.

I UNDERSTAND THAT THE LASER HAIR REMOVAL PROCEDURE WILL INCLUDE:

Initial Below:

- Hair at the treatment site(s) will be shaved
- An Emvera Diolux Hair Removal Laser will be used for the procedure, which has a cooled tip that provides comfort to the skin
- The Emvera Diolux Hair Removal Laser uses a predetermined energy dose to treat the area(s), and which setting may be changed depending on the area(s) treated
- The time of the treatment will be 5-20 minutes per area treated

I have been advised of the possible adverse reactions in receiving this treatment, which are as follows:

Initial Below:

- _____ Short-term effects may include reddening, swelling, bumps, mild burning, temporary bruising or blistering. Any reddening will generally fade within 2-3 days. Hyperpigmentation (browning of skin) and Hypopigmentation (lightening of skin), although rare, may occur. These conditions usually resolve within 3-6 months, but permanent color change and/or scarring is a rare risk, less than 1%. Avoiding sun exposure before and after treatment reduces the risk of color change.
- _____ Infection following treatment is quite unusual, but bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can be stimulated by laser treatment. This applies to both individuals with a past 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 skin treatments or medical antibiotics may be necessary.
- _____ Allergic reactions, although very rare, may occur. Local skin allergies to topical preparations, tape, or preservatives used in cosmetics can occur. Avoid irritants such as products containing glycolic acid or Retin-A in the area for 5-7 days. Please avoid deodorant on the treated area for 48 hours.

If any of the conditions above persist, please consult your hair removal practitioner or your physician immediately.



Hair remaining in the follicle will extrude typically within 1-2 weeks after treatment. This will look like growth, but is simply the body's way of eliminating the hair from the injured follicle. On the third day post-treatment, you may shave or gently wash the area to help loosen hair that is still embedded in the follicles.

Occasionally unforeseen scheduling or device issues 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.

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By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risks of laser hair removal treatments. Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that tanning and some medications can make my skin photosensitive. I also understand that any of the aforementioned conditions could cause the laser to damage my skin. I also agree to comply with the recommended aftercare instructions, which are crucial for healing and prevention of scarring and hyperpigmentation.

Acknowledgement:

My questions regarding the Laser Hair Removal procedure have been answered satisfactorily. I understand and accept the risks and consent to the procedure.

Sign: _____ **Date:** _____