Tampa Laser Hair Removal
GO SHAVELESS

INFORMED CONSENT – LASER & LIGHT BASED TREATMENT PROCEDURES

Thank you for choosing Tampa Laser Hair Removal where we pride ourselves on offering quality and comfort during your time with us!

This is an informed consent document which has been prepared to help inform you about laser treatments including: the treatment plan, precautions, pre care & post care.

Laser and light based treatments have been used for many years to treat conditions such as wrinkles, sun damaged skin, unwanted hair, unsightly veins, acne scars, and similar conditions. Based on your skin conditions and or concerns our qualified technician will evaluate your skin and set up a treatment plan accordingly. To achieve optimum results we always recommend a **series** of treatments.

There are both risks, unknown risks and complications associated with all laser treatment procedures of the skin. Risk involve both items that specifically relate to the use of laser energy as a form of surgical therapy and the patients adherence to post care instructions. Although the majority of patients do not experience complications, we advise that you speak with your physician first if you have any questions or concerns. Be aware that laser/ light based treatments can cause Infection, scarring, burns, skin damage, redness, swelling or discomfort.

To reduce your risk we advise that you follow our pre & post care instructions. Patient follow through following a laser skin treatment procedure is important. Post-operative instructions concerning appropriate restriction of activity, and use of sun protection need to be followed in order to avoid potential complications, and or unsatisfactory results.

There are many variable conditions which influence the long term result of laser skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with the procedures we offer. Other complications and risks can occur but are even more uncommon. Should complications occur, procedures, or other treatments may be necessary. Results may vary due to the initial condition of your skin and the number of treatments you obtain. We advocate an improvement in your skins condition rather than permanent results, which may only be achieved through ongoing treatments. Although excellent results are expected, there is no guarantee or warranty expressed or implied for the results that may be obtained.

Patient Signature: _____ Date: _____

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Pre & Post Care Instructions for
LASER HAIR REMOVAL TREATMENT

BEFORE YOUR APPOINTMENT
If you have had a history of perioral herpes, prophylactic antiviral therapy may be started the day before treatment and continued one week after treatment

- Avoid sun exposure and tanning beds for at least 4 weeks prior to your treatment.
- Tanning creams (self-tanner) should be avoided for at least 2 weeks.
- Inform the technician if you have taken Accutane(oral acne medication) in the past year.
- Do not tweeze, wax or epilate the area being treated for approximately 4-6 weeks prior or during treatment course.
- The night before treatment thoroughly shave all areas to be treated unless instructed otherwise; skin must be clean and free of all hair.
- If you start a course of strong Antibiotics please schedule your appointment a week after you have completed your antibiotics.

THE DAY OF YOUR APPOINTMENT

- If possible, arrive without creams or make-up on the treatment area. Otherwise please arrive 10 minutes prior to your appointment in order to clean the skin
- Allow 20 minutes to 1 hour for your appointment depending on the size of the treatment area.

LASER HAIR REMOVAL TREATMENT: WHAT TO DO AFTER YOUR TREATMENT

- Shortly after treatment, the treated areas may appear as swollen red bumps. Cold compresses are available; you may continue to apply these compresses/ Aloe Vera Gel for your comfort over the next 24 hours. Rarely, minor epidermal blistering may occur in which case triple antibiotic cream may be applied. If this should happen, please contact our office and ask to speak with your Laser Specialist.
- Treated hairs will appear as small black dots, stubble or as if still growing. You will naturally expel these treated hairs over the next 10 – 14 days.
- Avoid irritating the treated area with aggressive exfoliation, such as with a bath puff or scrub. Do not pick at or pluck/tweeze these residual hairs. You may shave these hairs.
- Treated areas should either be kept out of direct sun light, or sun protection is imperative after any skin laser treatment. A broad spectrum UVA/UVB sunscreen (SPF 30 or greater) should be worn on treated areas each day for 4-6 weeks post treatment.

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INFORMED CONSENT FOR LASER & LIGHT BASED TREATMENTS

1. I hereby authorize Tampa Laser Hair Removal's certified personnel to perform the following procedures or treatment(s):

   __ Laser hair removal __Rosacea __Acne Sunspot removal __Blepharitis __Anti-aging facial

2. I recognize that during the course of the procedure and medical treatment, unforeseen conditions may need different procedures than those listed above. I therefore authorize Tampa Laser Hair Removal's physician, technicians, and or assistants to perform such other procedures that are in the exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known by our physician at the time the treatment is performed.

3. I consent to the administration of numbing agent considered necessary or advisable. I understand that all forms of numbing cream involve risk and the possibility of complications.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained and a series of treatments is advised to obtain optimum results.

5. I certify that the above treatment that I will be undergoing has been explained to me in a way that I understand including the risks and complications that may be involved.

I CONSENT TO THE TREATMENT AND I AM SATISFIED WITH THE EXPLANATION.

Patient Signature: _____ Date: _____

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