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Thank you for choosing Avanti Skin Care Center of Willow Bend. In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this procedural consent form and ask any questions necessary to help you fully understand it. Please sign only after careful review and consideration.

### **Mechanism**

The Laser System produces a focused beam of highly concentrated light. This beam generates a wavelength of energy that is selectively absorbed by the melanin, pigment in the hair follicle. This absorption produces heat, which in turn diminishes the follicles' ability to grow hair. Hair growth may be eliminated and any re-growth is usually finer and lighter, making it more cosmetically acceptable. Multiple follicles are affected with each pulse of the laser. The pulse duration (time) and energy (power) of the laser pulse are adjusted to maximize results while minimizing side effects.

### **Safety**

All required safety precautions and all equipment-specific guidelines will be followed to ensure the utmost in safety during your treatments.

### **Alternatives**

I am aware of alternative methods of hair removal, which include but are not limited to, shaving, plucking, depilatory creams, waxing and electrolysis. I have explored these other options to my satisfaction and have made an independent decision to proceed with laser hair removal treatments.

### **Limitations**

I understand that some permanent hair reduction is achieved in nearly everyone, but that complete hair removal may not occur. My results are limited by the system's light capability as well as by my personal skin and hair characteristics. Fitzpatrick skin typing will be done and I understand that a higher Fitzpatrick typing increases the risk of complications including hypo-pigmentation, hyper-pigmentation, blistering and scarring. Hormonal therapy and other medical conditions may also affect results. These issues will be/were discussed at the time my medical history is/was reviewed. Any hair re-growth is usually finer (less coarse) and lighter (less pigmented) than the original hair. A series of treatments is necessary to achieve maximum benefit. Actual results cannot be guaranteed.

### **Cautions**

If I have any history of keloid formation, excessive scarring or poor healing (due to diabetes or other conditions) I will consult my personal physician prior to proceeding. I understand that excessive hair growth may be caused by various medical conditions that may require other forms of treatment and that it is my responsibility to explore such needs prior to treatments. Tattoos and permanent makeup in the treatment area may be altered. Recurrent viral infections such as herpes simplex (cold sores) or varicella (shingles) may be activated.

### **Discomfort**

The physical sensation generated by the laser pulse is most commonly described as a rubber band snapping against the skin. Most individuals are able to tolerate this for a short duration of the laser treatment. You may have a sunburn type sensation in the treatment area for several hours afterwards. Topical anesthetics may be used to decrease any perceived discomfort from the laser treatment. If a topical anesthetic is desired, please discuss this with our staff.

### **Skin Effects**

I understand that most people will experience temporary redness similar to a sunburn. Some skin swelling (edema) may occur. Blistering, scabbing, infection and other skin changes are much less likely. I understand that in most cases these side effects should completely resolve themselves within a few hours to several days following treatment. Scarring is extremely rare and usually occurs in those with a predisposition, such as a history of keloids (thickened scars) or other excessive scarring. I understand that Avanti Skin Care Center of Willow Bend does not advise treatments if I have such a history and under these circumstances cannot be responsible for the outcome. I agree to carefully follow the pre and post-treatment instructions to reduce the likelihood or severity of any skin changes.

### **Pigment Changes**

I understand that hypo-pigmentation or hyper-pigmentation (decreased or increased skin coloration) are possible side effects and, although rarely permanent, may last several weeks to months. I understand that post-treatment use of sunscreen is advised to minimize this risk, and that in some cases bleaching creams may provide additional benefit.

### **Continued Consent**

This consent shall apply to all subsequent hair removal treatments.

## Long Term Risk

I understand that the risks of this system use may not be fully known. The information presented to me is based on clinical studies conducted over a relatively short period of time. Avanti Skin Care Center of Willow Bend is not responsible for any risk not yet discovered or commonly known.

### PRE & POST-TREATMENT INSTRUCTIONS:

I understand that failure to carefully follow the instructions below may affect my treatment outcome and increase the likelihood or severity of complications. I agree to review and adhere to these instructions prior to each appointment.

#### Prior to Your Appointment:

- Do not use any medication that causes photosensitivity for at least 72 hours prior to treatments. If you are taking a medication that causes photosensitivity, please contact your prescribing physician to discuss your options. Do not use Accutane (or products containing isotretinoin) for at least 6 months prior to treatments. Use of Retin-A (or products containing tretinoin) is acceptable up to 5 days before treatment, provided there is no skin reaction present.
- Avoid sun tanning or sunless tanning products for as long as possible before treatments (2-4 weeks is recommended). Avoid plucking, waxing or electrolysis for at least 6 weeks before treatments.

#### On The Day of Your Appointment:

- Shave the area to be treated. If the hair in the treatment area is very sparse, please let us shave this at the time of your treatment as this allows us to better define the treatment area.
- The treatment area must be free of any open sores, lesions or skin infections. Gently wash the area and do not apply any creams, lotions or other products to the area except a topical anesthetic (if being used).
- Dress so that you may modestly expose the treatment area.
- If you choose to, you may take over-the-counter anti-inflammatory medication such as ibuprofen prior to arrival.
- The timing of each patient's appointment is critical. In order for us to keep all patients on schedule we ask that you please be on time for your appointments.

#### After Your Treatment:

- You will have a mild sunburn sensation following treatment that is usually gone within a few hours. Skin redness, mild bruising and/or slight edema (swelling) is normal and may last a few days. You may take over-the-counter anti-inflammatory medication (such as ibuprofen) or home pain medication as desired. Avoid sun exposure and use sunscreen (SPF 35 or greater) for 2-4 weeks following your treatment.
- Keep the treated area clean and dry for the next several days, gently washing twice daily. The pores will be open and you should not apply heavy creams or lotions as these may clog the pores and cause complications.
- Cool compresses are especially useful for the first few days. Avoid heat and do not use warm compresses. Hydrocortisone (steroid) cream may decrease any itching or skin irritation. Antibiotic ointment (such as Neosporin) may be used if skin is broken to prevent infection. The treated area may be left open and uncovered with no special dressing needed. Loose, comfortable clothing is recommended.
- Do not scrub or exfoliate the treatment area for 3 days or longer if irritation is present. Do not use any products on the treated area without first consulting our staff.
- In the rare case that you experience any blistering or scabbing, please call us as soon as possible. Contact us if you are concerned about infection, as antibiotics may be necessary. If any pigment changes are bothersome or persist beyond 4 weeks, please discuss this with us.

My signature attests to the fact that I am a competent adult of at least 18 years of age, I have fully read this entire consent form, that I have had any questions or concerns answered to my satisfaction, that I understand and agree with the information contained herein, and accept the risks inherent in undergoing this treatment.

I hereby consent to the use of light based technology for the removal of unwanted body hair.

Issued by Avanti Skin Care Center of Willow Bend \_\_\_\_\_ Date

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_ (for minors under age 18)