



## Laser Hair Removal Consent Form

I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I understand I may experience fewer, thinner, slower re-growth of hairs, temporary hair loss and/or permanent hair reduction. \_\_\_\_\_

**I confirm that I have none of the known conditions that could make treatment contraindicated, such as:**

1. Unprotected sun exposure, tanning beds, and sunless tanners 3-4 weeks prior
  2. Waxing of the area within the last 8 weeks
  3. Use of depilatory creams or bleach 4-6 weeks prior
  4. Pregnancy and nursing mothers
  5. Temporary dermal fillers within the last 2 weeks
  6. Permanent fillers particularly silicone (silicone insulates creating much heat)
  7. History of seizures
  8. History of keloid scarring
  9. Active infection, undiagnosed lesions, warts, tattoos in the treatment area
  10. History of cold sores (herpes simplex); treatments can reactivate herpes, and prophylactic medication may be recommended
  11. Retin-A and similar products 3 days before and 7 days after treatment
- Client Initials \_\_\_\_\_

I understand there is a possibility of short-term effects, risks of this procedure include, but are not limited to, the following:

**Pain** – Some people may feel some pain with this treatment, similar to snapping the skin with a rubber band.

**Redness** – Laser treatment will cause redness of the area. The redness may be present for weeks to months.

**Swelling** – Swelling will be present after the procedure and should likely resolve after 1-2 weeks.

**Pigmentary Changes** – The treated area may heal with altered pigmentation (either lighter or darker skin).

**Scarring** – Risk of scarring is at any time during the healing process, it may be discolored and may be permanent.

**Blistering** – The laser procedure may produce heating in the upper layers of the skin resulting in blister formation.

**Scabbing** – A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin.

**Infection** – An infection of the wound is always possible.

**Acne Breakout** – Acne or folliculitis may follow laser/IPL hair reduction treatments.

**Eye Damage** – Protective eyewear will be provided; it is important to keep this eyewear on at all times during the treatment to protect your eyes from accidental laser/IPL exposure.



Please alert us immediately if you have been in the sun, had a tan,, or a sunburn, within the last 4 weeks. Client Initials \_\_\_\_\_

I understand prolonged or excessive sun exposure, tanning, or tanning beds within the last three weeks is not allowed prior to treatment.

Spray tanning and bronzers must be removed prior to treatment. No UV exposure 3-5 days post treatment. Client Initials \_\_\_\_\_"

The area to be treated must be shaven within seven days prior to treatment. Shaving is required throughout the treatment plan. No waxing, tweezing, threading or hair removal creams can be used to treated areas between appointments. Client Initials \_\_\_\_\_

I understand that photos may be taken for my medical records. Client Initials \_\_\_\_\_"

**Client Name**

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**Client Signature**

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**Date**

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**Staff Name**

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**Staff Signature**

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**Date**

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