

Laser Hair Removal Informed Consent

Client Name _____ Date _____

Treatment sites _____

Changes in Medical History/Medications: Yes _____ No _____ Client Initials: _____

If yes, please list: _____

_____ I certify that I am **not pregnant**, and I am not planning to get pregnant during the treatment.

_____ I certify that I have **not** taken **Accutane** within the past six months.

_____ I certify that I have **not** taken an **Antibiotic** within the past four weeks.

_____ I understand it's my sole responsibility to inform my technician about any changes in my current medical conditions before any of my laser treatments.

_____ I understand that I am not allowed to have laser hair removal treatments without written approval from a parent and/or legal guardian if I am under 18 years old.

Clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance with pre/post-treatment instructions, and individual response to treatment. I understand that epilation with the Soprano system is a safe alternative to methods used for removing unwanted hair, such as shaving, waxing, chemical epilation, and electrolysis. Grey, blonde, and red hair cannot be treated with a laser. There is a limited result for fine hair (peach fuzz). In some cases, this can reactivate dormant hair follicles and induce new hair growth. This procedure works on growing hair and the complete removal of all hair follicles is unlikely.

Clinical results and the total number of treatments will vary between individuals depending on the individual hormonal level, skin type, hair type, hair density, hair coarseness, age, genetics, medical conditions, and other factors. Laser hair removal is not exactly permanent as our body will continue to repair the damaged hair follicles and future hormonal changes may stimulate new hair growth. Typically most of the clients require a minimum of 6 to 8 sessions to achieve a long-term, stable reduction in hair growth. Areas, such as the face, bikini area, men's chest or back may require more sessions, and consistent touch-ups may be necessary for these areas., therefore. it's important to follow up after the full initial round of laser treatments to maintain the optimum result.

Scheduled treatment may be postponed if the patient is tanned. Tanning and sun exposure should be avoided 2 weeks before and 2 weeks after each treatment. Sunblock with SPF 50 or higher should be used on the treated area during laser treatments. It is your responsibility to inform the treatment provider if the skin is darker than when the treatment was first started as well as any medical or prescription changes during treatments. Improper post-treatment care may increase the chances of any complications.

_____ I duly authorize Damn Near Perfect Laser and Skin Spa to perform the Soprano ICE Laser Hair Removal procedure and any other measures which in their opinion may be necessary.

_____ I understand that the Soprano is a device used for laser hair removal and that clinical results may vary in different skin types and hair types. I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising, and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

_____ I acknowledge and accept the risks inherent in Laser Hair Removal Procedures. I voluntarily assume the risk of possible complications and side effects which may arise from the Laser Treatments set forth herein; and any of my heirs, executors, representatives, or assigns hereby release Damn Near Perfect Laser and Skin Spa and all its affiliated companies from any claims, liabilities for personal injury, and property damages of any kind sustained while on the premises, during the treatments set forth herein by any employees or representatives of Damn Near Perfect Laser and Skin Spa and all its affiliated companies.

_____ I certify that I have been informed of the nature and purpose of the procedure, expected outcomes, and possible complications, and I understand that no guarantee can be given to the result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

_____ I confirm that I have read the pre-treatment and post-treatment instructions provided by Damn Near Perfect Laser and Skin Spa and all its affiliated companies and I understand that it's my responsibility to follow these instructions and that my failure to adhere to these recommendations may result in complications and contraindications for which I am fully responsible.

_____ I consent to the taking of photographs and authorize their anonymous use for medical audit, education, and promotion.

_____ I certify that the information contained in this Informed Consent was explained to me using terms I could understand, and all my questions and concerns have been answered. After reviewing all the information provided to me about cosmetic procedures and reviewing my health status, I believe I am a good candidate for the Laser Hair Removal procedure.

_____ I certify that I have read the entire above Informed Consent and believe the Damn Near Perfect Laser and Skin Spa and all its affiliated companies has adequately explained the risks of this therapy, alternative methods of treatment, and possible benefits from this treatment, and I hereby consent to the laser treatment to be performed by the technicians of Damn Near Perfect Laser and Skin Spa. and all its affiliated companies. Considering that I have been informed that certain medical conditions and medications prohibit the patient from laser therapy, I have provided a full and truthful medical history and a truthful and accurate account of my medications to this office. Having been apprised of all the above, I have signed this Consent Form and authorized the subject treatment.

Client Signature _____ Date _____

Witness Name _____ Signature _____ Date _____

ACKNOWLEDGMENT, WAIVER, AND CONSENT TO RECEIVE LASER HAIR REMOVAL PROCEDURES. DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS

Alternative Procedures

Laser Hair Removal (LHR) is a non-invasive laser treatment designed to remove unwanted hair from all parts of the body. It's one of the best options for reducing and slowing hair growth over an extended period. During LHR the laser emits a light that is absorbed by the melanin in the hair and light energy is converted to heat which damages hair follicles and inhibits or delays future hair growth. The ALMA Soprano ICE is an FDA-cleared laser Hair Removal. **Soprano ICE is the most complete and effective laser hair removal solution available today.** By incorporating multiple laser wavelengths and technologies, Soprano ICE allows practitioners to treat the widest range of patients and hair types all year round, administer treatments quickly and comfortably and achieve the best possible clinical results. We offer two different types of laser wavelengths, the Alexandrite Laser, and the Diode Laser to help our clients to achieve the best results with safety and comfort level in mind.

Alex 755nm

For the widest range of hair types and colors. Soprano ICE offers breakthrough hair removal technology using a diode laser based on an Alexandrite wavelength, allowing for even better energy absorption by the melanin chromophore. The powerful absorption that is possible with the Alex wavelength combined with the contact cooling, treatment coverage, comfort, and low maintenance of the diode laser provides an ideal solution for the widest range of hair types and colors – especially light-colored and thin hair.

SPEED 810nm

Half the treatment time.

Perform more treatment sessions in less time with a large spot-size applicator, allowing you to quickly treat larger areas while offering your patients the fastest and most effective hair removal possible.

All Skin Tones and Hair Types

Effective results for light or dark skin as well as coarse or fine hair. **Proven safety record** including for dark skin.

Tanned Skin

Treatments can be performed any time of the year, including on tanned skin.

Speed

Treatment sessions are super-quick, even for large areas such as the legs or back.

No Down Time

You can return to your normal activities, including working out at the gym, immediately.

ICE™ Technology

Simultaneous contact cooling

ICE™ is an advanced cooling technology that cools the skin during treatment for longer periods. The ICE™ tech cold sapphire tip minimizes the risk of burns on the skin surface while maintaining heat within the dermis where hair follicles are treated. Contact Cooling increases patient comfort, making treatments more enjoyable than ever before.

Contraindications of Laser Hair Removal

You may not be the best candidate for laser hair removal if any of the following contraindications pertain to:

- Hormonal imbalance, PCOS. Hirsutism, pregnancy, menopause, and other endocrine conditions can affect the treatment outcome.
- Pregnancy (including IVF) and nursing.
- Diseases that may be stimulated by light at 810nm.
- Prolonged exposure to sun or artificial tanning during the 3 to 4 weeks before treatment and post-treatment.
- Use of Accutane (must discontinue use of the product 6 months before beginning treatment).
- Use of photosensitive medications (i.e. Anti-biotic, Retinoids or other Acne medications, antihistamines, Cancer chemotherapy drugs and other cancer drugs, Diabetic drugs, Statins, Malaria medications, Cardiac drugs, St. John Wort, etc.) may cause an increased risk of side effects to the laser (must discontinue use of the product 4 weeks before beginning treatment).
- Epilepsy or those who have a history of seizures.
- Poorly controlled Diabetes.
- Current (active) skin cancer within one year or pre-malignant moles in the treatment area. A medical clearance letter is required.
- Active sores or rash (psoriasis. eczema) in the area to be treated.
- Skin disorders such as keloids or abnormal wound healing.
- Fragile and dry skin.
- Hormonal disorders (that are stimulated under intense light).
- History of melanoma. active or inactive anywhere on the body.
- Recent (within 1 month) surgery, laser resurfacing, or deep chemical peels in the treatment area.
- Severe medical disorders such as poorly controlled heart conditions.
- Chemo or radiation therapy (letter of clearance from your physician is required).
- Any internal metal device, i.e. surgical screws, pins, plates, or implants, in the area to be treated (no treatment of any device is superficially in the body area to be treated).
- Aids HIV positive or use of immunosuppressive drugs (a letter of clearance from your physician is required).
- A multiple Sclerosis letter of clearance from your physician is required with confirmation that the area to be treated is not numb.
- Immune disorders such as Scleroderma, Lupus, Porphyria, Sarcoidosis, and others.
- Treatment over moles or lesions of any kind.
- Treatment over tattoos, port wine stains, under the eyebrows, or any orifice.
- Bleeding problems or use of blood thinners.
- History of disease stimulated by heat, such as recurrent Herpes Simplex in the treatment area. You may treat this area only following a prophylactic regime.

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Risks and Complications

All medical and cosmetic procedures are associated with certain risks and may result in complications. Possible risks and complications associated with laser hair removal procedures include the following:

- Temporary reddening, burning, swelling, bruising or discoloration of the skin over the treated area.
- Blistering, scarring, activation of cold sores, infection or permanent discoloration. Which may occur in rare cases. Please inform us if you have had a problem with cold sores.
- Folliculitis is an infection of the hair follicle, which may take several days to resolve.
- Hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin), these changes are often transient and improve with time, although permanent pigmentary changes may occur.
- Crusting or blistering of the area exposed to the laser, which is rare and may take several days to heal.
- Paradoxical hypertrichosis, the induction of terminal hair growth is not common but may occur.
- As with all LHR procedures, some re-growth of hair may occur after treatment sessions are completed.

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Pre-Care for Non-Ablative Laser Treatment

Please advise your laser provider if you have any of these conditions:

Contraindications include the use of medications that increase photosensitivity (such as certain antibiotics or Accutane), use of anticoagulants or have had chemotherapy in the past 6 months, history of bleeding disorders, pregnancy/breastfeeding, and seizure disorders. Prednisone and other steroids can cause excess swelling post-treatment for up to 2 weeks.

Pre-Care Instructions

- Sun, tanning bed, or the use of self-tanning creams are not to be used 2-4 weeks before treatment.
- SPF 50 physical sunblock is the minimum required in the treatment areas 2 weeks before treatment.
- Avoid skin care, cleansers, and toners that contain Retinol A, glycols, salicylic acid, witch hazel, benzoyl peroxide, alcohol, vitamin C, etc. If you have a question about your skincare or make-up, please contact your technician before treating and understand that if you are using one of the listed ingredients it will postpone your treatment.
- Please do NOT take any steroids, or anti-inflammatories (Ibuprofen, Aleve, etc.) 24 hours before treatment.

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Day of Treatment

- Remove any lotions, body oil, perfume, make-up, deodorants, and jewelry in the areas to be treated before treatment.
- Wear loose-fitting clothing that will leave the treatment area exposed and easily accessible for treatment. Tight or rough clothing may cause you to feel uncomfortable if the skin becomes sensitive after treatment.
- Clients should have a CLEAN SHAVE one day before their appointments). It allows the maximum amount of laser energy to penetrate to burn the hair follicles instead of hair shafts. Failure to shave will be subject to rescheduling or a shaving fee. (\$15 for a small area, \$20 for a medium area, and \$30 for a large area, the price may vary for the extra-large area.)
- Immediately after treatment. there should be erythema (redness) and edema (swelling) at the treatment site which may last 2 hours.

Treatment Interval and Follow Up Interval

Recommended treatment

Every 4 weeks for facial areas
Every 6 weeks for body areas
3 weeks for the legs

Recommended follow-up Intervals

The patient may achieve partial hair clearance or almost complete clearance after 6 to 8 sessions.

- If there has been partial hair clearance. treatment should be continued between 6 to 8 weeks until the optimum result (80-90% hair reduction is achieved).
- Once the optimum result is achieved, patients can return for a follow-up 3 to 4 months later, or when there is around 15-20% of hair regrowth in the treatment area.

Please keep in mind, laser hair removal is not exactly permanent as our body will continue to repair the damaged hair follicles and future hormonal changes may stimulate new hair growth. therefore, it's important to follow up after the full initial round of laser treatments to maintain the optimum result.

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Post-Procedure Instructions

Damn Near Perfect Laser and Skin Spa states that compliance with recommended aftercare guidelines is crucial for healing, prevention of scarring and hyperpigmentation.

- Immediately after treatment, there should be erythema (redness) and edema (swelling) at the treatment site which may last 2 hours to several days. The erythema may last up to 2-4 days. The treated area can feel like a sunburn for several hours after.
- Rarely, minor epidermal blistering may occur in which case antibiotic ointment may be applied twice a day to the affected areas. DO NOT pick at these areas, as this may result in infection or scarring. If this should happen, please contact our office immediately and our aesthetician will give you further instructions.
- It is very important to ice when you are able, no more than 10 minutes every 4 hours for the first 2 days to reduce swelling for erbium skin resurfacing and vascular treatment.
- Avoid any activities that will cause sweating (i.e. exercising, hot shower, hot saunas, etc.) for a minimum of 21 hours.
- NO Aleve/Ibuprofen 48 post treatment.
- Showers can be taken, but please try to avoid hot water and direct shower spray to the treatment area for 48-72 hours following treatment. Avoid all saunas and hot tubs.
- Avoid strenuous exercise for 48 hours (this includes hot yoga).
- Sleep with 1-2 extra pillows at night to keep head raised for the first 2 nights if swelling is present.
- Do not use any retinoid, RETIN-A, or GLYCOLIC products for 1-2 weeks post-procedure. Do not use any non-prescription creams without discussing them with your provider first.
- Refrain from any chemical peel treatments or Microdermabrasion for 4 weeks post-procedure.
- Avoid scratching or rubbing the treated skin – do not put adhesive dressings over treated areas. Itching after treatment is part of the healing process, taking a non-drowsy over-the-counter antihistamine is recommended as needed.
- Men may shave 3 days post-treatment but be gentle.
- Avoid direct sunlight for a minimum of 4 weeks after your treatment. Wear provider-approved physical sun protection for the next 4 weeks. It should be at least SPF 50 protects UVA/UVB and contains the physical blockers zinc oxide and titanium. If active outdoors, you should reapply your sunscreen every 2 hours and wear a wide-brimmed hat.

If you experience any severe pain, prolonged redness, blistering, or other concerning symptoms, contact us immediately.

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Name _____ DOB _____ Date _____

GENETIC DISPOSITION

SCORE	0	1	2	3	4
What happens when you are over-exposed to the sun	Redness/ Blistering/ Peeling	Blistering/ Peeling	Burns Peels Sometimes	Rarely Burns	Never Burns
To what degree does your skin turn brown	Hardly/ Not at all	Light Color Tan	Tan Medium	Tans Easily	Turns Brown Quickly
Do you turn brown within several hours after sun exposure	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun	Very Sensitive	Sensitive	Normal	Very Resistant	No Problem

REACTION TO SUN EXPOSURE

SCORE	0	1	2	3	4
When was your last exposure to the sun and/or tanning beds for more than 30 minutes at a time	More than 3 months	2-3 months	1-2 months	Less than 1 month	Less than 2 weeks
Was the treatment area exposed	Never	Hardly Ever	Sometimes	Often	Always

TANNING HABITS

SCORE	0	1	2	3	4
What is your eye color	Light blue, Green	Gray	Blue	Dark Brown	Black / Brown
What is your natural hair color	Sandy Red	Blonde	Chestnut/ Dark Blonde	Dark Brown	Black
What is your natural skin color	Reddish	Very Pale	Pale	Light Brown	Dark Brown
Do you have any freckles	Many	Several	Few	Incidental	None

HERITAGE

Is your Mother of African American or Eastern Indian Descent?	Yes No	+ 5
Is your Father of African American or Eastern Indian Descent?	Yes No	+ 5
Are your Grandparents African American or of Eastern Indian Descent?	Yes No	+5 If no points from the parent
Are you Latin American, Asian-Pacific Islander, Mediterranean, or Native American?	Yes No	+ 5

SKIN TYPE

SUMMARY

0-8	I	TOTAL FOR GENETIC DISPOSITION=	
9-16	II	TOTAL FOR REACTION TO SU EXPOSURE=	
17-24	III	TOTAL FOR TANNING HABITS=	
25-30	IV	TOTAL FOR HERITAGE=	
31-34	V		
35+	VI	SKIN TYPE SCORE=	

Client Signature: _____ Date: _____

Reviewed By _____ Date _____