



## Laser Hair Reduction

### Pre Procedure Instructions

Do not sunbathe or tan in a tanning bed for 6 weeks prior to treatment. If you go in the sun, you must use a sunblock with an SPF of at least 30.

If you have a history of Herpes infection (or cold sores) in the area to be treated, you will need to take an antiviral medication. This can be prescribed by our Physician Assistant.

Do not wax, tweeze, bleach, use depilatories or undergo electrolysis for 6 weeks prior to your treatment.

Application of a topical anesthetic may be applied before the treatment to reduce discomfort during the procedure. This can be prescribed by our Physician Assistant.

Photographs of the treatment area may be taken for your medical chart and future comparison.

The morning of the procedure do not use anti-perspirant

### Post Procedure Instructions

**Scarring:** A mild sunburn-like sensation is anticipated. This usually resolves within 4 hours of treatment. In some cases, a mild redness and localized swelling may persist for 2 to 3 days. Daily application of an unscented emollient cream or topical aloe vera may be soothing to the skin.

**Ice Packs:** Minor swelling or heat sensation may be relieved by application of an ice pack for 5-10 minutes every hour for 4 to 6 hours or until symptoms subside.

**Sun Exposure:** Avoid sun exposure in the treated areas. For 4-6 weeks after your treatment, apply an SPF of 30 or greater sun block daily to the sun-exposed treated areas. PABA-free products are recommended for sensitive skin types. If additional treatments are planned, continue using sun block between treatments. Wearing protective clothing and wide-brimmed hats may also be helpful.

**Bathing or Showering:** Bathe or shower as usual. Treated areas may be temperature sensitive. Avoid use of scented lotions or soaps, exfoliant creams (Retin-A and Alpha-hydroxy), loofa sponges and aggressive scrubbing in treated areas during the healing phase.

**Activity:** Until redness has completely resolved, avoid swimming, hot tubs and Jacuzzis, especially in pools with multiple chemicals and/or chlorine. Additionally, avoid activities that cause excess perspiration.

**Make-up and Shaving:** Until redness has completely resolved, avoid applying make-up over treated areas. Shaving should also be avoided.

**Antibiotics:** Apply a thin film of bacitracin or polysporin twice a day to any areas that may have crusted. Do not pick at these areas. Picking may result in infection or permanent scarring.

**\*\*If you have any questions or concerns,  
please call our office 813-926-8585.\*\***

Initials



# Laser Hair Reduction – Informed Consent

\*\*Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.

### Proposed Treatment

Laser Hair Reduction destroys undesired pigmented hair in the growing stage. The laser is designed to target and destroy the hair follicle. Application of a topical anesthetic may be applied before the treatment to reduce discomfort during the procedure. Initials: \_\_\_\_\_

As not all hair is in the growing phase at once, multiple treatments are needed to get permanent reduction. The number of treatments needed differs from patient to patient, and may be more than 6 treatments. Initials: \_\_\_\_\_

There are several alternative treatments to laser hair reduction. These include electrolysis, tweezing, waxing, and shaving. Initials: \_\_\_\_\_

### Anticipated Benefit

The most obvious benefit of laser hair reduction is the elimination of undesired hair. We stand behind our service and take meticulous care to provide you with the best service possible. Please note that it takes up to two weeks for treated and destroyed hair to fall out. Initials: \_\_\_\_\_

### Risks and Complications

Skin tenderness, burning, and stinging sensations may last up to 24 hours after the procedure. Initials: \_\_\_\_\_

Swelling may occur immediately after treatment. This condition is temporary and will resolve on its own. Initials: \_\_\_\_\_

The area may heal with changed pigmentation in color. Such change occurs most often with darker skin, sun tanned skin or tanning booth treated skin. The changed pigmentation usually reverts to its original appearance in 3 to 6 months, although occasionally a pigment change may be permanent. Initials: \_\_\_\_\_

To reduce your chances of scarring, it is important to prevent sun exposure to area(s) being treated prior to treatment and to follow post-treatment instructions. The area that is lasered may change in texture. It could appear as a shiny area or as a thickened red area. Although uncommon, a scar could develop in the area(s) being treated. Very rarely, true keloid scars may develop. Initials: \_\_\_\_\_

Any time the skin is lasered, there is a small chance of a bacterial or viral infection. Antibiotic ointment should be used to reduce this risk. If the area(s) treated is on the face or groin area, or if there is a history of herpes, antiviral medications may be prescribed. Initials: \_\_\_\_\_

### Photographs

I authorize the taking of clinical photographs and their use for scientific purpose both in publications and presentations. I understand my identity will be protected. Initials: \_\_\_\_\_

### Limitations

I understand that I cannot be treated if I am pregnant. To the best of my knowledge, I am not pregnant. Initials: \_\_\_\_\_

Individuals who have recently suntanned or used a tanning booth are not candidates for laser hair removal. Initials: \_\_\_\_\_

### Cost/Fees

Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee if I should want/need maintenance or follow-up visits. Initials: \_\_\_\_\_

I have read the above and understand it. My questions have been answered satisfactorily by the Physician Assistant and Allure associates. I accept the risks of the procedure. Initials: \_\_\_\_\_

I agree not to hold Allure MedSpa or any of its representatives responsible for any adverse effects resulting from this treatment. Initials: \_\_\_\_\_

I acknowledge receipt of a post-operative care sheet. Initials: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Patient Name (Print) Date

\_\_\_\_\_  
Witness Signature Date