

## HAIR REDUCTION CONSENT

The purpose of this procedure is to diminish or remove unwanted hair. The procedure requires a series of treatments and on occasion there are patients that do not respond. The treated hair should exfoliate or push out in approximately 2-3 weeks. Alternative methods are waxing, shaving, electrolysis, and chemical epilation.

The following complications may occur with the hair removal system:

- 1. There is a risk of scarring.**
- 2. Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyper-pigmentation** (browning) and **Hypo-pigmentation** (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but **permanent color change is a rare risk**. Avoiding sun exposure before and after the treatment reduces the risk of color change.
- 3. Infection:** Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Any source of light can active hepetic lesions. If you have a history of viral sores, please inform Dr. Grimsley who may prescribe antiviral medication to begin the day prior to the procedure. You may have an outbreak even if you have no history of viral lesions.
- 4. Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.
- 5. Allergic Reactions:** In rare cases, local allergies to tape, preservatives used in cosmetics or topical analgesics have been reported.
- 6.** I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.
- 7.** Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.

I have received a thorough explanation of my pre and post procedure instructions. I understand these instructions and have received copies for reference. I understand that should I have additional questions, I should not hesitate to call. I certify that I have read the above consent and I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I hereby consent to the laser hair reduction procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

Client's Name (Please Print):

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Client's Signature:

Date: \_\_\_\_\_