Department of Dermatology

Patient Name: ____________________

MR #: ____________________

## INFORMED CONSENT FOR LASER HAIR REMOVAL

1. I consent to and authorize multiple treatments of laser assisted hair removal and related services on me. The areas to be treated include:
   - ☐ Facial areas
   - ☐ Back, neck, and/or hands
   - ☐ Arms and/or hands
   - ☐ Legs and/or feet
   - ☐ Other: ____________________
   - ☐ Underarms
   - ☐ Pubic area (bikini)
   - ☐ Abdomen
   - ☐ Chest/breasts
2. The nature and purpose of this treatment have been explained to me and questions I have had regarding the treatment have been answered to my satisfaction.
3. I understand the treatment may include but is not necessarily limited to the following complications or injury: superficial erosions, bruising, blistering, redness and swelling and skin color changes to include either darkening or lightening that could persist for a period of many months, or permanently.
4. I understand that multiple treatments may be required and that no guarantee, warranty or assurance has been made to me as to the results that may be obtained. I understand these results may include incomplete or non-permanent hair removal.
5. I agree to pay a fee for the laser hair removal procedure(s), and I understand that there is no guarantee that I will achieve complete satisfaction, and I understand that there is no money back guarantee for this cosmetic procedure.
6. I certify that I have read the entire Informed Consent and that I understand the information provided in this form. I certify that I am a competent adult of at least 18 years of age, or if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian/person having legal custody, will also be required before treatment.

I understand and agree to adhere to all safety precautions and regulations during the laser treatment(s) and I agree to follow the physician's and staff's post operative instructions.

| SIGNED | DATE/TIME |
| --- | --- |
| GUARDIAN SIGNATURE (IF MINOR) | WITNESS |

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