Flawless
skin lounge

Laser Hair Removal Consent Form

I, _____ consent to have hair removal treatments with the ELOS Ice Laser. I understand that blistering, hypopigmentation (lightening of the skin) or hyper pigmentation (darkening of the skin) are possible risks and/or complications to this procedure. Usually, if these occur, in any patient they are temporary and resolve in a few days or weeks. Color changes can occur in any patient, but these changes are more likely to occur in darker skinned patients. While scarring is possible, it is rare. I understand that the hair removal laser works best on fair skinned persons with dark hair.

I have been informed that any sunlight exposure (including self-tanning lotions) during the pre/post laser treatment period (at least 4-6 weeks pre and post laser) can lead to permanent pigmentation changes as described above. If you are currently tan you will need to postpone your treatment. Prior (4-6 weeks) and during the course of treatment hair should not be plucked or waxed.

I understand that hair removal treatment requires multiple sessions. While these treatments generally produce long lasting heir reduction, some hairs may never disappear. In general laser hair removal is not considered permanent. Although uncommon, the hair removal laser has the potential to stimulate hair growth in dormant hair follicles. This hair growth induction is a treatable complication, but may require additional treatments.

I understand that for most areas approximately 8 sessions (timed at 4-6 week intervals), are necessary to achieve 80-90% reduction/clearance of the hair. More than 6-8 treatments may be needed depending on the area being treated, the color of your skin, and the color of your hair. Hormonal areas (such as the face, neck, and back) take longer to treat. Hormonal imbalances and some medications affect hair growth and increase treatment time as well. I understand results are not guaranteed.

I also have informed the Medical Aesthetician of any medications I am taking, as some medications may increase sensitivity to laser treatments. I have also informed the Medical Aesthetician of any history of cold sores, fever blisters, or herpes near the area to be treated, as an anti-viral medication may be necessary as part of my pre and/or post laser treatment.

Patient Signature: _____ Date: _____

Patient Name (printed):_____

***Best phone number to contact you on the day of appointment*:_____**

Flawless Skin Lounge
607 S. Friendswood Drive #19, Friendswood, TX 77546

Laser Hair Removal Patient History

Patient Name: _____ Date: _____
Allergies: _____

Please list all current medications, including oral, topical, over-the-counter, and herbal supplements:

_____ _____ _____

_____ _____ _____

1. History of HSV (cold sores, fever blisters)	YES / NO
2. Sun exposure in the past 2-4 weeks (including self-tanning product).	YES / NO
3. Waxing , tweezing, plucking, depilatories, or electrolysis in the area to be treated in the past 4-6 weeks?	YES / NO
4. Use of Retin-A, glycolic acid, bleaching cream, or prescription topical in the last 3-4 days?	YES / NO
5. Current use of Antibiotics?	YES / NO
6. (For female patients) Are you pregnant?	YES / NO
7. Cosmetic tattoos/permanent make-up in the area to be treated?	YES / NO

Patient Signature: _____Date: _____

TOPICAL ANESTHETIC CONSENT

Some patients experience mild to moderate discomfort during the laser treatments. For this reason, we offer the use of a topical anesthetic cream. In some instances, the cream may cause a temporary local irritation in individuals who are sensitive to the active ingredients. Although very rare, other more serious side effects can occur. People with a known sensitivity to local anesthetics (Benzocaine, Lidocaine, Tetracaine) should not use this product. If you have been diagnosed with a cardiac or liver condition, take cardiac medication, or are currently pregnant or breastfeeding you should not use this product. This product will not be applied to large surface areas or multiple body sections during a single procedure.

I am choosing to use a topical anesthetic for my laser/light treatment. I have no known allergies/sensitivity to Benzocaine, Lidocaine, or Tetracaine. I understand the potential risks and I have informed the Registered Nurse of my current medical conditions and/or medications.

Patient _____ Date _____

Flawless Skin Lounge
607 S. Friendswood Drive #19, Friendswood, TX 77546