

Selena Ann Lantry, M.D.
1505 Wilson Terrace, #130
Glendale, Ca 91206
818-247-2170

Laser Hair Removal Instructions and Informed Consent

Introduction: The purpose of this treatment is to eliminate unwanted hair. This Consent Form is intended to provide you with the information needed to make an informed decision to whether or not to undergo laser treatment for the removal of unwanted hair. This consent describes the possible risks, complications, discomforts and benefits. When you have finished reading this form, please sign and date in the space provided. If you have further questions, please do not hesitate to ask.

Procedure: Prior to your first treatment, you will be questioned concerning your medical history and you will be advised on what the best approach for treatment will be. During treatment, a laser will be applied to areas of concern; photographs will be taken before your treatment. You will have to wear protective goggles during treatment. Because hair grows in many cycles, it may require a number of sessions to complete the course of treatment.

Patients who may be excluded from treatment: Patients using medication that requires limited exposure to sunlight or other light, patients suffering from diabetes, and pregnant women may not be permitted to undergo treatment. Patients with the following conditions are at higher risk of complications from the treatment: Active skin infection, a history of herpes simplex, or shingles in the treatment area; a history of keloid scarring; and use of Accutane within the preceding (3) months.

Risks, Discomforts and Complications: The most common side affects of this treatment are:

- (1) Discomfort: Many patients experience some discomfort during the procedure and some skin tenderness or burning and stinging sensations which could last for up to 24 hours after treatment.
- (2) Superficial Wound/Skin Burns: A crust or blister may occur on the exposed area or, in rare cases, infection.
- (3) Pigment Changes: The treated area may heal with changed pigmentation or color. Such a change occurs with darker skin, after pregnancy, or when the areas have been exposed to sunlight. With some patients these changes may occur despite adequate protection from sunlight. The changed pigmentation, which may include

more or less color, usually reverts to its original appearance in 3 to 6 months, although occasionally a pigment change may be permanent.

- (4) Scarring: There is a small chance of scarring, which could include enlarged scars known as hyper-trophic scars and, very rarely, abnormal raised scar formations called keloid scars. To reduce the chances of scarring, it is very important to follow the post- treatment instructions.
- (5) Excessive swelling: Immediately after treatment, especially when the treatment involves the cheeks or upper lip, swelling may occur. This condition is temporary, not harmful, and usually subsides in 7-10 days.
- (6) Fragile skin: The skin at or near the treatment area may become fragile. To avoid tearing, this area may not be rubbed or abraded, nor should make-up be applied to the area while this fragile condition exists.
- (7) Bruising: A Blue-purpose bruise may occur at the treated area. The bruise usually disappears in 5 to 15 days. As it fades, a rust discoloration may remain, but that will usually fade in 1 to 3 months.
- (8) Eye hazards: Laser light emitted during the treatment can present an eye hazard. To protect against damage and discomfort, you will be required to wear protective eyewear during your treatment.

The procedure for laser hair removal has been explained to me. The potential risks, benefits and results of the procedure, and the alternatives, have been fully discussed with me. While rare, unexpected risks or complications not discussed may occur. These laser treatments are predictable and effective in most cases. However, no guarantees can be made as to the final results in all patients.

I have read the entire above instructions and informed consent. I believe this office has adequately explained the risks associated with this procedure. Considering that I have been informed that certain medical conditions and medications could prohibit a patient from laser treatment, I have provided a full and truthful medical history and my medications to this office. I understand that if anything should change with my medical history, I will inform the office/Dr. Lantry before having further treatment. Having been apprised of all of the above, I have authorized the laser hair removal treatment by signing this consent form.

Patient's Signature: _____ Date: _____

Parent or Guardian's
Signature: _____ Date: _____
(If patient is less than 18 yrs.)