

Laser Informed Consent

The nature and purpose of laser procedures: **Laser hair removal** is the process of removing unwanted hair by means of exposure to pulses of laser light that destroy the hair follicle. **Intense pulsed light**, commonly abbreviated as **IPL**, is a technology used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic purposes, including photorejuvenation (e.g. the treatment of skin pigmentation, sun damage, and thread veins) as well as to alleviate dermatologic diseases such as acne. The technology uses a high-powered, hand-held, computer-controlled flashgun to deliver an intense, visible, broad-spectrum pulse of light, generally in the visible spectral range of 400 to 1200 nm. Various cutoff filters are commonly used to selectively filter out lower wavelengths, especially potentially damaging ultra violet light. The resulting light has a spectral range that targets specific structures that are heated to destruction and reabsorbed by the body. IPL shares some similarities with laser treatments, in that they both use light to heat and destroy their targets. But unlike lasers that use a single wavelength (like our 808nm Diode hair removal laser), IPL uses a broad spectrum that when used with filters, allows it to be used against several conditions.

Material Risks of laser treatment: Discoloration, pigment changes, burns, scarring, reddening, swelling, itchiness, blistering, crusting, bruising and/or rash to skin. Can cause increased hair growth.

Names and Qualifications of Providers: To be provided when actual document signed.

Steps to follow after Laser Treatment: Do not pluck, tweeze, wax, or pick at any scabs or hair follicles. Any redness or swelling should be treated with ice. Avoid heat and hot water for 24 hours. Use mild soaps. After shower, pat dry area-avoid rubbing. Treat any irritation with antibiotic ointment or aquaphor-do not pick or scratch. Apply SPF 30 and avoid any direct sunlight. IF YOU HAVE ANY CONCERNS WHATSOEVER CONTACT OUR OFFICE IMMEDIATELY AT 770-212-2242. IF YOU ARE EXPERIENCING A SIGNIFICANT COMPLICATION, SEEK IMMEDIATE MEDICAL ATTENTION.

HAVING BEEN INFORMED OF AND UNDERSTANDING ALL OF THE ABOVE, I CONSENT TO LASER HAIR REMOVAL AND/OR IPL LASER SERVICES:

SIGN: _____

PRINT NAME: _____ DATE _____

PARENT OR LEGAL GUARDIAN IF MINOR DATE _____