

**Forever Bare Laser Hair Removal Informed Consent**

Laser Hair Removal is intended for permanent hair reduction and clinical results vary with different skin types, hair color and treatment location. The efficacy of the treatment is dependent upon the presence of melanin in the hair; therefore, it will not work on white, gray, red or blonde hair.

The treatment schedule is designed to maximize the results during the treatment of each hair cycle and to achieve maximum results the protocol prescribed by my Clinician should be adhered to closely. I understand I must stop tweezing, threading, waxing, bleaching, using depilatories or any other substance that will damage or remove the hair follicle. I understand I need to shave, trim, clip or cut the treatment area 1-2 days before my treatment.

- Laser Hair Removal information, pre-care/post-care instructions and expectations have been provided and explained to me.
- Potential risks/complications/side effects of Laser Hair Removal treatment (which occur infrequently): Allergic reactions, swelling, itching, infection, scarring, discoloration as well as short term effects as redness, mild burning, blistering, hyper/hypopigmentation. In rare cases, increased hair growth has occurred.
- Post treatment sun exposure can cause temporary darkening of the treated area(s) called post-inflammatory hyperpigmentation; therefore, sun avoidance per our recommendations must be followed. Failure to follow instructions may promote above risks and the need for additional treatments or surgery. Follow all laser care instructions to minimize risk of having adverse effects. Although improvement is expected, there is no guarantee or warranty expressed or implied with respect to the results that may be obtained.
- Financial Responsibilities: This procedure is elective and not medically necessary and therefore, not covered by insurance. Any complications requiring additional medical care and/or treatment or revisionary procedures would be your responsibility also.
- Informed consent documents are not all inclusive in defining all risks and alternatives, as specific patient situations may vary.\*

**Photographs**

Photographs may be taken before and after treatments in order to monitor progression.

\_\_\_ I consent to the usage of such photographs provided the pictures do not reveal my identity.

I acknowledge that I have read and understand the information and instructions of Laser Hair Removal. I feel I have been adequately informed of the risks of Laser Hair Removal as well as alternate methods of treatment. All of my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement. With this in mind, I hereby consent to Laser Hair Removal treatments, performed by Carin Gustavson at The Aesthetic Center.

\_\_\_\_\_  
 Signature of Patient Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Patients Parent/Legal Guardian, if Patient is Under 18 Date: \_\_\_\_\_

\_\_\_\_\_  
 The Aesthetic Center Witness Date: \_\_\_\_\_

**\*DISCLAIMER**

Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatments. The informed consent process attempts to define principals of risk disclosure that should generally meet the needs of most patients in most circumstances. However informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing this consent.