

**Laser Hair Reduction Consent Form**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Possible Side Effects:**

1. Risk of scarring, crusting or scabbing from ingrown hairs.
2. Reddening of the skin and around the follicle, mild burning, itching, temporary bruising, swelling, tingling or a feeling of numbness, or blistering. Hyperpigmentation and Hypopigmentation have also been noted after treatment. These conditions usually resolve within 3-6 months with permanent color change being a rare risk.
3. Infection: Although infection following treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes Simplex Virus infection around the mouth can occur following the treatment. This applies to both individuals with a past history of Herpes Simplex infections and individuals with no known history of Herpes Simplex infections in the mouth area. Folliculitis stemming from ingrown hairs may sometimes need to be treated and therefore should be reported to your Esthetician. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.
4. Bleeding: Pinpoint bleeding is rare, but can occur following treatments.
5. Allergic reactions are rare, however local allergies to tape, preservatives used in cosmetics and topical preparations have been reported.
6. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.
7. Compliance with aftercare guidelines is crucial for healing, prevention of scarring and pigmentation issues.

**Contraindications to Laser Treatment:**

- Hypersensitivity to light in the near infrared wavelength region.
- Have recent sun exposure within 2 weeks of treatment, including the use of tanning beds, or any self-tanning products.
- Taking any medication that may have sensitivity to sunlight.
- Have seizure disorders triggered by light.
- Take anti-coagulants.
- Take of have taken oral isotretinoin, such as Accutane, within the last 6 months.
- Have a history of healing problems or take medication that would alter the wound healing response.
- Have an active infection, illness or open wound in the area to be treated.
- Have a history of skin cancer, lupus or any suspicious lesions.
- Are pregnant.

**I understand that there are no guarantees and that I am releasing Blue Huntsville/Blue Medspa from all liabilities.**

**My questions regarding the procedures have been answered to my satisfaction and I understand the procedure and accept the risks.**

**I hereby release my Esthetician, Blue Huntsville/Blue Medspa and Dr. Bundrick from all liabilities for this procedure.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Esthetic Technician: \_\_\_\_\_

Date: \_\_\_\_\_

