

HAIR REMOVAL INFORMED CONSENT

PROCEDURE:

The Epilight, the Alexandrite Laser and the Galaxy system powered by Elos technology are medical devices which emit either intense pulsed light (IPL) (Epilight) or laser light (Alexandrite Laser) or a combination of IPL or laser with radiofrequency (Elos) and have been used for the treatment of unwanted hair on the face and body. Clinical results may vary with different skin types, hair color and the location of the hair. Many treatments including ongoing treatments may be required to achieve the desired result and complete removal of the hair is not possible in most circumstances. Depending upon the age of the patient, the production of hair may increase during the treatment period. It is not unusual in males, for example, to see continued hair production and an increase in the overall amount of body hair up to age 45. Not well understood is the claim by some that a component of the treatment increases hair production. The process of epilation (hair removal) requires multiple treatments which are dependent upon the severity of the hair condition, the color of the skin, the ability to tan rather than sunburn, along with patient goals for improvement. The success of the process may also be dependent upon underlying medical conditions responsible for abnormal production of hair. While intense pulsed light, and laser combined or not with radiofrequency technology, hair removal treatments are effective in most cases, no guarantee can be made that a specific patient will benefit from treatment.

CONTRAINDICATIONS: No treatment is performed in the presence of pregnancy. Certain medications, including both prescription and over-the-counter medications, herbs and supplements can adversely impact treatment and lead to an increase in side effects. Additionally, recent sun or tanning bed exposure either prior to or soon after treatment can both impact the efficacy of treatment and cause potential side effects depending upon the type of device used for treatment. Because of this, it is very important to inform this office of any changes in sun or tanning bed exposure, medical history, medications, herbs, and supplements. The presence of a pacemaker or internal defibrillator, poorly controlled diabetes and a history of recent deep chemical or mechanical peeling may be contraindicated also.

RISKS: Side effects include but may not be limited to: Pain or a stinging sensation, redness, blistering of the skin, crusting, changes in skin pigmentation, which if it is darker in color may lighten over time and if lighter than the normal skin color, may be permanent. There can also be swelling, bruising, fragile skin and rarely, scarring. It is the patient's responsibility to inform this office of any skin changes in order that prompt medical treatment may be initiated.

ALTERNATIVES to intense pulsed light or laser hair removal include: No treatment, electrolysis, waxing, shaving, tweezing and chemical preparations.

CONSENT: I know that the practice of medicine and surgery is not an exact science and therefore, results cannot be guaranteed. No guarantee or assurance has been given to me by anyone in this office as to the result that may be obtained. I have had sufficient opportunity to discuss my condition and the proposed treatment and my questions have been answered to my satisfaction. I believe that I have adequate knowledge on which to base an informed consent to the treatment. I consent to be photographed before, during and after my treatments and that these photographs shall be the property of John W. Redmond, MD and may be used anonymously for educational purposes or promotions. By my signature, I acknowledge that I have read this informed consent form and that I have adequately been informed of the risks of undergoing intense pulsed light (Epilight) and/or laser (Alexandrite) hair removal, and/or the combination of intense pulsed light or laser with radiofrequency current (Elos), alternative methods, and the risks of not treating my condition and consent to treatment(s). I am not now pregnant and if attempting pregnancy have obtained within 24 hours of treatment a negative response to a home pregnancy test. I understand that it is my responsibility to inform this office of **any change** in my health status or of changes in medication, herbs, and supplements I am taking and of any recent or planned sun/tanning bed exposure. Unless otherwise indicated this consent will apply for the duration of my treatment period involving multiple treatments.

Patient Name (print) Patient Signature if minor, relationship

Date Witness Date

