



## **Laser Hair Reduction: Patient Consent for Treatment**

### **A. Purpose and Background**

- VanderVeer Center uses specialized lasers to safely and effectively treat all Fitzpatrick skin types and are FDA approved for “permanent hair reduction (LHR).” LHR is intended for hair reduction and clinical results may vary with different skin types, hair color, and treatment area. Hormonal changes, genetics and other factors may result in NEW hair growth in the treated areas even after follicles have been disabled. After completing a full series of treatments, most people will require touch ups from time to time, or even complete retreatment.

### **B. Exceptions**

- The effectiveness of LHR treatment is dependent upon the presence of melanin in hair; therefore it will NOT be effective on white, gray, blond, or red hair.

### **C. Procedure**

- LHR works by disabling hairs that are in the active growth cycle at the time of treatment. Since only a percentage of hair is in the active phase at any given time, a minimum of 5 treatments will be necessary. The laser uses a precise beam that treats many hairs at once instead of treating individual hairs. Large areas, such as legs or back can be treated in a short amount of time.

### **D. Risks/Discomfort**

- Most patients tolerate LHR without topical anesthetic. The sensation is often described as a warm rubber band snap. Immediately following LHR, redness, swelling, discomfort, bruising, and discoloration may develop at the treatment site. Skin discoloration and swelling may last 7-14 days, but should resolve within several days. Discomfort may be treated with the application of cool compresses. While adverse reactions are extremely rare, there is a possibility of side effects such as itching, blistering, crusting, scarring, and permanent discoloration – either hypo pigmentation (decrease in skin pigment) or hyperpigmentation (increase in skin pigment). Permanent reduction or removal of hair in the treatment area is possible, while follicle stimulation can occur in the treated area as well. I agree if I have any concerns regarding my LHR, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

### **E. Eye Protection**

- I understand that my eyes will be covered with safety eyewear or an opaque material to protect them from the light and that I am not to remove the eye protection during treatment due to the risk of corneal injury.

### **F. Alternatives**

- LHR is strictly a voluntary cosmetic procedure. No treatment is necessary or required.

### **I. Consent to Procedure**

- Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, on the results that may be obtained. I understand that to achieve maximum results the protocol prescribed by VanderVeer Center should be adhered to. The treatment schedule (4-6 weeks for the face, 6-8 weeks for body areas) is designed to maximize the results during treatment of each hair cycle. If for any reason the schedule cannot be adhered to, I understand that the total percentage of hair loss could be affected and additional treatments may be necessary.
- I have provided my complete medical history and medications.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant or nursing.
- I understand through the duration of the treatment series, I need to stop tweezing, waxing, bleaching, and using depilatories or any other substance that will alter the hair follicle.
- I understand that I need to shave, trim, clip, or cut any surface hairs 12-24 hours prior to treatment. If it is an area that I cannot easily shave myself, the area will be shaved, for an additional fee, by the nurse/technician providing my treatment.
- I understand sun exposure of any kind must be avoided for a minimum of 4 weeks prior to treatment (including natural and all artificial sun) and that a tan or sunburn could result in a less effective treatment, or in the nurse/technician choosing not to perform the treatment. For optimal results, I should attempt to maintain the same skin tone throughout the entire treatment series.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. Sun avoidance and /or use of a sun block is required, and all tanning should be avoided.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

**I elect to proceed with Laser Hair Reduction.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Provider Signature:** \_\_\_\_\_