



Laser Hair Removal Patient Consent

At the Naderi Center we take pride in offering our patient's the gold standard in laser hair removal with the use of the Syneron-Candela GentleMax Pro Laser Hair Removal Device. Our laser has the capability to utilize both a 755nm Alexandrite as well as a 1064nm Nd:YAG wavelength to be able to safely and effectively treat a variety of skin types. Laser hair removal works on the growing hairs and not on dormant hairs. Complete destruction of all hair follicles from any one treatment is not possible and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand that laser hair removal is permanent reduction of hair and not permanent removal.

Risks and possible complications include:

DISCOMFORT: Some discomfort may be experienced during laser treatment.

BRUISING/SWELLING/INFECTION: Occasionally, bruising of the treated area may occur. Additionally, there may be some swelling, or rarely an infection of the skin at site of the treated area may occur.

SKIN PIGMENT CHANGES: Hyperpigmentation, as well as hypopigmentation can be temporary as well as permanent.

WOUND HEALING: Laser Hair Treatment can result in swelling, blistering, crusting or flaking of the treated areas. This is more likely to happen in patients taking medications causing photosensitivity or in patients with dark skin.

SCARRING: Scarring can occur. To minimize the risk of scarring, it is important to follow all post-treatment instructions carefully.

EYE EXPOSURE: It is MANDATORY that protective eye shields be worn at all times during treatment to minimize vision damage. .

LACK OF PERMANENT RESULTS: Everyone will experience some hair re-growth over time, regardless of the technology used. Hair that grows back will tend to be finer, lighter and less dense. In rare occasions the hair may become darker, coarser or more noticeable.

PATCH TEST: A patch test treatment may be done to evaluate skin responsiveness. By refusing I release the technician, and The Naderi Center staff and owners from liability if I develop an adverse reaction.

ACKNOWLEDGEMENT

- I understand and acknowledge that payments for the above named procedure(s) are non- refundable.
- I have notified my laser technician if I wish to have patch testing performed.
- The potential benefits, probability of success as well as any alternatives to this procedure have been explained to me
- I certify that I have read and fully understand the contents of this permit for Laser Hair Removal and that the disclosures referred to herein were made to me.

Patient Name

Patient Signature

Date

Technician Name

Technician Signature

Date