

Thank you for choosing Raleigh Plastic Surgery Center and The MedSpa at Raleigh Plastic Surgery Center for your laser hair removal. For optimum results your treatments must be a combined effort between you and this center.

For 6 weeks immediately prior to your laser treatments please do not wax, shave, tweeze, use depilatories, undergo electrolysis or bleach the hair you are seeking to remove.

Refrain completely from sunbathing or tanning in a tanning bed for eight weeks prior to and for the duration of your treatments. Darkly pigmented skin may absorb a portion of the energy that should be striking the hair follicle and will reduce the effectiveness of the treatments. Additionally, tanning in the post treatment period is associated with an increased risk of pigmentation problems. Should you be exposed to strong sunlight for any length of time during your treatment schedule, use a physical sunblock. (titanium dioxide, or zinc oxide)

If you have a history of herpes in the area to be treated, you will need to take a prescription antiviral medication to prevent an outbreak post laser treatment. This medication should be started the day before the procedure and continued for 5 days. Please notify our office should you develop any outbreak or rash of any kind during treatment, as treatment may need to be postponed until this clears.

You may notice redness after your treatment and experience a slight sunburned feeling to the treated area(s) for a couple of hours. Apply cool compresses to the area for 10 to 15 minutes each hour for 4 to 5 hours after treatment. You may take Tylenol or Ibuprofen as needed on the day of the treatment.

For the next two to five days, you may develop a fine crust over the treated area. Keep the area clean by washing twice a day with a mild soap followed by a small application of Polysporin or Bactroban ointment. Continue until the crusting disappears. If crusting occurs, do not use glycolic or Retin-A products over the treated area for one week after treatment. If make-up is used, apply a thin coat of antibiotic ointment before make-up. Do not use deodorant until the area is healed.

You will notice that the hair will be singed in the treated area. The treated hair will continue to grow until the hair follicle has grown and fallen out. This "shedding" process may take up to two weeks or longer after treatment. You may not tweeze or wax in between treatments. You may, however, shave the area.

Only actively growing hair responds to laser therapy. For optimum results it is imperative that you keep your scheduled appointments. Raleigh Plastic Surgery Center and The Med Spa treatment protocol is customized to your individual condition and your treatment schedule has a direct effect on your final result.

I authorize *Raleigh Plastic Surgery Center* and *The MedSpa at Raleigh Plastic Surgery Center* and such assistants as she/he may delegate to perform a laser procedure using the Light Sheer® for hair reduction. I acknowledge that I have requested a laser procedure to be performed in an attempt to reduce the amount of dark coarse hairs on the surface of the skin.

My physician and/or Esthetician has discussed with me the procedure and some of the possible side effects and complications encountered by all cosmetic clinicians. Some of these side effects and complications are:

- The degree of reduction in hair growth may not be as I fully desire
- Swelling and bruising that will gradually disappear
- Uneven pigmentation (lighter or darker patches). This change in pigment (skin color) can depend on the individual, sun exposure and various unknown factors.
- Blistering or superficial erosions that result in temporary crusting and very rarely scarring
- Infections and/or inadequate blood supply could delay healing. I understand that the success of the procedure is, to a great extent, dependent upon my closely following instructions. Post-operative care, activities, and precautions have been explained to me, and I understand them.

I also give my consent to have my photographs used for medical, educational, and scientific purposes.

I have had sufficient opportunity to discuss this condition and treatment with the doctor and/or his associates, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to give an informed consent to the proposed treatment.

Since smoking delays rate of wound healing, smoking is not recommended for 2 weeks before and after treatment. Because tanning, either in the sun or in a tanning bed stimulates pigment producing cells, I have been advised to avoid exposure to ultraviolet light in the post-treatment period in order to reduce the incidence of pigmentary changes in the skin.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AND ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY FULL SATISFACTION.

I UNDERSTAND AND ACCEPT THE RISKS OF THESE AND OTHER POSSIBLE COMPLICATIONS AND CONSEQUENCES ASSOCIATED WITH THE PROCEDURE.

**Read and Approved**

Patient \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_