



INFORMED CONSENT FOR LASER HAIR REDUCTION

ALLERGIC REACTION

Client's Name: _____ Date ___/___/___

The purpose of laser hair removal is to diminish or remove unwanted hair. This procedure requires more than one treatment session. Most clients will need between 6 – 8 sessions, the total number of treatments sessions may vary among individuals. On rare occasions there may be a client that does not respond to treatment.

I authorize WICKED SKIN L.L.C. and its designated staff to perform Laser hair Reduction on my body. I understand that Laser Hair Reduction is an FDA- approved treatment method for removing unwanted hair. I have been advised of the possible reactions which are as follows:

1. **SHORT TERM EFFECTS** may include reddening, swelling, bumps, mild burning, temporary bruising or blistering. Hyperpigmentation (browning of skin) and Hypopigmentation (lightening of skin), although rare, may occur. These conditions usually resolve within 3—6 months, but permanent color change is a rare risk, less than 1%. Avoiding sun exposure before and after treatment reduces the risk of color change.
2. **INFECTION** following treatment is quite unusual, but bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can be stimulated in individuals with a past history of herpes simplex virus infections and individuals with a history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional skin treatments or medical antibiotics may be necessary.
3. **ALLERGIC REACTIONS**, although vary rare, may occur. Local skin allergies to topical preparations, tape, or preservatives used in cosmetics can occur.
4. **HOWEVER SLIGHT**, there is a **RISK OF SCARRING**.
5. **PINPOINT BLEEDING**, although very rare, may occur following treatment procedures. Should bleeding occur, additional skin treatment may be necessary.
6. **EYE PROTECTION MUST BE WORN AT ALL TIME(S)** BECAUSE EXPOSURE TO LASER LIGHT COULD HARM ONE'S VISION.

OCCASIONALLY, UNFORESEEN MECHANICAL PROBLEMS MAY OCCUR AND YOUR APPOINTMENT WILL NEED TO BE RESCHEDULED. WE WILL MAKE EVERY EFFORT TO NOTIFY YOU PRIOR TO YOUR ARRIVAL TO THE OFFICE. PLEASE BE UNDERSTANDING IF WE CAUSE YOU ANY INCONVENIENCE.

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risk's of Laser Hair Reduction treatments. Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that tanning and some medications can make my skin photosensitive. I also agree to comply with the recommended aftercare instructions which are crucial for healing and prevention of scarring and hyperpigmentation. I hereby release WICKED SKIN L.L.C. AND its designated staff from ALL liability associated with the above.