



Consent for Laser Hair Removal

I hereby authorize and direct any associates or assistants of Executive Skin & Laser to perform laser assisted hair removal on me. I understand that this procedure works on the growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is unlikely, and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand some people may not experience complete hair loss even with multiple laser procedures.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedure.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period including but not limited to infection, scarring, crusting, re-growth of hair and/or blistering.

Possible Post Treatment Effects:

I am aware of the following possible experiences/risks with Laser Treatments:

DISCOMFORT- Some discomfort may be experienced during laser treatment.

WOUND HEALING- Laser Surgery can result in swelling, blistering, crusting or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.

BRUISING/SWELLING/INFECTION- with some lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, whenever a skin procedure is performed.

PIGMENT CHANGES (Skin Color)- During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This usually temporary, but on a rare occasion it may be permanent.

SCARRING- Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.

Executive Skin & Laser

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(727) 238-8559

www.executiveskinandlaser

A member of the American Society for Laser Medicine & Laser



No guarantee, warranty or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired result. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I release Executive Skin & Laser, medical staff, and specific technicians from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This Consent Form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

ACKNOWLEDGEMENT: I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON-REFUNDABLE.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER HAIR REMOVAL TREATMENT AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Signature- Patient

Date

Signature- Witness Print Name/Relationship

Date

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