

Dr. Michele Zormeier

INFORMED CONSENT FOR LASER ASSISTED HAIR MODIFICATION

This form is designed to give you the information you need to make an informed choice on whether or not to undergo laser assisted hair modification. If you have any questions, please ask the doctor or nurse.

Although laser surgery is effective in most cases, no guarantees can be made that a specific patient will benefit from treatment. Theoretically, damage to the hair follicle can remove unwanted hair permanently, but because of the nature of hair and the many factors that influence hair growth, the results are variable. Most areas treated with this laser require a series of treatments to reach the desired level of improvement. These treatments may range from two to as many as six or more, depending on the areas to be treated.

The most common side effects and complications of laser treatments are:

1. **Pain.** Many people do feel some pain during treatment. The discomfort may range from moderate to minimal, but fortunately, is of short duration. Most adults and older children can tolerate the discomfort without anesthesia.
2. **Textural Changes.** Over the next several days, a rash may form, (similar to a razor burn) and then a scab or a thin crust may follow. Skin usually returns to normal in about two to three days.
3. **Pigment Changes.** Some patients may notice a decrease in skin color (hypopigmentation) or increase in skin color (hyperpigmentation) after repeated treatments. Pigment changes usually resolve themselves in three to six months, but the pigment changes may be permanent.
4. **Scarring.** Scarring is a rare occurrence, but it is a possibility when there is a disruption of the skin's surface.
5. **Sun Exposure.** I have not had intense sun exposure, used a self-tanning lotion or been in a tanning bed for at least two weeks.

Area to be treated by Laser Assisted Hair Modification laser procedure:

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should be required.

By signing below, I acknowledge that I have read the foregoing Laser Informed Consent for Hair Modification and that I feel the doctor or nurse has adequately informed me of the risks of this procedure. I hereby consent to this laser treatment.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____