

KENTUCKY

Laser Hair Removal

Client Agreement and Informed Consent For Laser Hair Removal/Reduction, Spider veins/Vascular, Pigmented Lesions/ Brown Spots, Skin Rejuvenation/Wrinkle Reduction.

Name: _____ Date: _____

X _____ 1. Authorization. I authorize Kentucky Laser Hair Removal, to perform the procedure for removal of all or one or more of the following procedures, Laser Hair Removal/Reduction, Facial Veins/Vascular, Pigmented Lesions/Brown Spots, Skin Rejuvenation/Wrinkle reduction. I understand that the light pulsed system may dramatically reduce Hair Growth, darkly pigmented lesions, Facial veins and improve wrinkles but multiple sessions may be necessary to achieve desired results. In addition, other treatments, including skin care products are often needed to blend color, reduce sun damage, and give the best results.

X _____ 2. Possible consequences of treatment. I understand that the following problems may occur with treatment:

- a. **Skin color change.** Hyper-pigmentation (browning) and Hypo-pigmentation (whitening) may occur after treatment, especially with a darker complexion. This usually resolves within 3-12 months. Permanent color change is a rare risk. I understand that if I have a lot of color in my skin, a skin lightening cream will be advised to reduce the melanin in the skin before treatment, I understand that avoiding sun exposure before and after treatment is crucial to reduce the risk of color change.
- b. **Scarring.** The light pulsed system can create a bruising and a moderate burn or blister to the skin. For an effective treatment, the power (joules) needs to be just below the blistering point, which means skin will be red. There is a risk of scarring.
- c. **Infection.** Although infection following pulsed light treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a laser treatment, especially in individuals with a past history of herpes simplex infections around the mouth area. Should any type of skin infection occur, additional treatment including antibiotics might be necessary. I understand that if I have a history of herpes simplex virus in the treated area, I should consult a physician.
- d. **Bleeding.** Pinpoint bleeding is rare but can occur following brown spot and spider vein treatment procedures. Should bleeding occur, additional treatments might be necessary.
- e. **Skin tissue pathology.** Treatments at Kentucky Laser Hair Removal are not appropriate for lesions which may be cancerous. Energy directed at skin lesions may potentially vaporize the lesions so that laboratory examination of the tissue specimen may not be possible. Only clearly benign pigmented lesions can be treated. I understand that I should consult a physician before beginning treatment for such lesions.
- f. **Allergic reactions.** Some patients may experience local allergic reactions to tape, preservatives used in cosmetics or topical preparations. Systemic reactions, which are more serious, may result from prescription medicines. Allergic reactions may require medical treatment.
- g. **Multiple treatments.** I understand I may need multiple treatments for the desired outcome.
- h. **Eye protection.** I understand that exposure of my eyes to light could harm my vision. I will keep the eye protection on at all times.
- i. **Heat Reaction.** Some patients may experience a heat rash. Heat rashes can occur in people with thick course hair. Also, refrain from any activity that adds heat to the body (ex: hot tub, sauna, working out, hot showers) for about 24-48 hours after treatment. Once the hair falls out in 7-10 days, the heat rash should subside. Keeping the area cool every 4 hours and using hydrocortisone should help with discomfort.

X _____ 3. To avoid these consequences.

- a. **Avoid sun exposure on all areas being treated 2 weeks pre and post procedure including sunless tans (lotions, sprays).** I understand that it is necessary to wear sunscreen of SPF 25 or higher throughout the entire series of treatment(s).
- b. **Pre- and Post-treatment Care.** I understand that compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyper-pigmentation and hypo-pigmentation. I have read and understand the Pre- and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended Pre- and Post-Treatment Instructions are crucial for healing, prevention of scarring, and other side effects and complications such as hyper-pigmentation, hypo-pigmentation, and other skin textural changes. If hyper/hypo-pigmentation would occur, I understand that I would be responsible for the price of products necessary for treatments.
- c. **Medications.** I understand that it is important to inform Kentucky Laser Hair Removal of any medications I am taking. Kentucky Laser Hair Removal may be unable to treat clients that are on accutane, photosensitizing medications, or anticoagulants.

X _____ 4. Pregnant. I understand that it is important to inform Kentucky Laser Hair Removal if I am pregnant. Kentucky Laser Hair Removal may be unable to treat specific body areas close to developing fetus and require a written letter from a physician allowing continued treatments.

X _____ 5. Not a medical treatment. I understand that Kentucky Laser Hair Removal only provides cosmetic treatments. Therefore insurance will not be accepted as a form of payment. The treatments by Kentucky Laser Hair Removal are not substitutes for a complete dermatological examination or any other medical treatment.

X _____ 6. Scheduled appointments. We require a 24hr cancellation notice. Failure to provide notice will result in a one treatment deduction per area for each occurrence.

X _____ 7. Payment. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

X _____ 8. Rescheduling appointments. Occasionally, unforeseen mechanical problems may occur and the appointment will need to be rescheduled. Kentucky Laser Hair Removal will make every effort to notify me prior to the appointment.

X _____ 9. Acceptance of risk and waiver of liability. Although appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. No 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 results. Most patients require a number of treatments over several months with gradual results occurring over this time, and 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.** My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Kentucky Laser Hair Removal, its staff and the technicians from all liabilities associated with the above indicated procedure.

X _____ 10. DISPUTE RESOLUTION. I AGREE THAT ANY DISPUTES WITH KENTUCKY LASER WILL BE RESOLVED BY ARBITRATION BEFORE THE AMERICAN ARBITRATION ASSOCIATION. ALL COSTS OF LITIGATION, INCLUDING ATTORNEYS FEES, WILL BE PAID BY THE PREVAILING PARTY.

ACKNOWLEDGMENT:

Client/Guardian Signature _____ Date _____

Laser Technician Signature _____ Date _____