



AWAY WITH HAIR

Deb Drake • 135B West Swallow Rd. • Fort Collins, CO 80525 • (970) 237-1711

PATIENT CONSENT FORM **FOR LIGHT BASED HAIR REMOVAL**

I hereby authorize Deborah Drake to perform light based 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 treatments and that is only effective on hair with color and does not treat white, gray, blond, or red hair. I understand that genetics, hormones, and hair color may interfere with hair loss and that I may not respond at all.

I am aware of the following possible experiences/risks:

DISCOMFORT - Some discomfort may be experienced during treatment.

REDNESS/SWELLING/BRUISING - Short-term redness (Erythema) or swelling (edema) of the treated areas is common and may occur. There may also be some bruising.

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

WOUNDS - Treatment can result in burning, blistering, or bleeding in the treated areas. If any of these occur, please call our office.

INFECTION - Infection is a possibility whenever the skin surface is disrupted, though proper wound care should prevent this. If signs of infection develop, such as pain, heat or surrounding redness, please call our office at 970-237.1711.

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

EYE EXPOSURE - Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.

The following points have been discussed with me:

- Potential benefits at the proposed procedure.
- Possible alternative procedures such as electrolysis, waxing, plucking and depilatories.
- Probability of success.
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period.
- Post treatment instructions.

For women of childbearing age: By signing below I indicate that I am not pregnant Furthermore, I agree to keep Deborah Drake informed should I become pregnant during the course of my treatment.

Photographic documentation will be taken.

ACKNOWLEDGEMENT

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

Signature - Patient or Guardian

Print Name/Relationship

Date

Signature - Witness

Print Name

Date