

INFORMED CONSENT
Laser Treatment for Hair Removal

Patient Name _____ Treatment Areas _____

I duly authorize the professional associates of Champion Laser & Electrolysis Centre to perform Candela GentleLASE Plus and/or GentleYAG laser therapy on me.

I understand that epilation with selective laser light has been shown to be a safe alternative to other methods (eg.: shaving, waxing), used for removing unwanted hair. Electrolysis and laser, when done properly, are the only permanent methods of hair removal.

The Candela GentleLASE Plus/GentleYAG lasers are devices that produce an intense but gentle burst of light that targets the hair with selective photothermolysis without harming the surrounding tissue.

I have been specifically advised that:

1. Protective goggles must be worn during the treatment.
 2. Freckles and pigmented lesions may change colour temporarily and/or permanently disappear. Moles and tattoos will not be treated by laser.
 3. Purpura (bruising) and hypo/hyper pigmentation are possible risks and may be complications of this procedure. Usually, if these occur, they are temporary and should resolve in a few days or weeks. In rare cases, where photo-sensitive drugs are involved, or if tanned skin is treated, blistering and/or crusting can occur.
 4. The area to be treated should be protected (sunscreen 45 SPF) from sun exposure (min. 4-6 weeks) before and after treatment. These measures reduce the incidence of possible side effects. Skin will be sensitive to sun for 2 months. For complete effectiveness, sunscreen must be applied every 2 hours when exposed to sun.
 5. The clinical evaluation of laser epilation data suggests that most female patients achieve a permanent reduction of hair growth in the treated area after 5-8 treatments. The exceptions to this are facial hair and male backs, which tend to require 6-10 treatments. Note that approx. 10% of patients will need more than 10 treatments. Some experts feel that laser hair removal may not work on 1-5% of patients. Treatments are suggested 4-8 weeks apart (depending on body part) over one-and-a-half to two years.
- I consent to the taking of photographs during the course of my laser therapy for use in my chart.
 - I confirm that I am not pregnant at this time.
 - I confirm that I have not taken Accutane for at least one year.
 - I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications and I understand that no guarantee can be given as to the final result obtained.

I understand compliance with treatment guidelines is crucial for optimum results. I have read and understood all information presented to me before signing this consent. **I understand and consent to the policy that I will be charged \$50 for any appointments cancelled with less than 48 hours notice.**

Printed name: _____ Signature: _____

Witness to signature: _____ Date: _____