



Laser Hair Removal Consent/Office Policies

1. I, _____ consent to and authorize the Dermatology Center of Williamsburg and members of their staff to perform multiple treatment laser-assisted hair reduction and related pre- and post- treatment services on me.
2. The nature and purpose of the treatment have been explained to me and my questions I have regarding the treatment have been answered to my satisfaction.
3. I understand that the possible risks of the procedure include: pain, swelling, redness, bruising, scarring, blistering, permanent lightening and darkening of the skin (which may occur months later) and unforeseen complications. Eye injury is possible but unlikely, providing complete eye protection is properly used throughout laser treatment sessions. There is a rare possibility that a scar and/or keloid at the treatment site may develop. I freely assume these risks.
4. I understand that multiple treatments will be necessary and that the laser does not always remove all unwanted hair.
5. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained.
6. I understand that there are several alternatives to laser hair removal treatment including but not limited to electrolysis, shaving, waxing, and plucking or no treatment at all and that I have the right to refuse treatment.
7. I agree to adhere to all safety precautions and regulations during the laser treatments.
8. I certify that I am a competent adult of at least 18 years old; I understand that the consent of my parent/legal guardian will also be required before treatment if under the age of 18. I agree that any pictures taken of my treatment site may be used for publication or teaching purposes; however my name will not be disclosed and complete confidentiality will be maintained.

A specific appointment is reserved for your treatment. Please arrive fifteen minutes prior to your scheduled appointment in order for our staff to provide you with the treatment time required. Arriving late may reduce the length of your treatment or forfeit your entire appointment time to properly accommodate the next patient.

**We request 48 hour cancellation notice on all appointments.
Please leave a message on our answering service if after hours.**

Because of safety regulations, children are not permitted in the laser treatment area. They should be supervised while in the reception area. As a courtesy to other patients and for you to receive your best treatment, we ask that you turn off all cell phones and pagers.

Printed Name of Patient _____ Date _____

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

**Laser Hair Removal
Patient Information/Medical Questionnaire**

Patient Name _____ Today's Date _____

Birth Date _____ Age _____

Address City _____ State _____
Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Employer _____ Occupation _____

Emergency Contact _____ Emergency Contact Phone _____

Referred By _____ Have you ever had a laser hair removal treatment? Yes No

If yes, when, where, and at what location site did you receive treatment? Please list your desired are of treatment(s)

Which of the following best describes your skin type?
(Choose one, 1-6 in drop-down menu) _____ How do you heal? Fast Healer Slow Healer

Do you form thick or raised scars from cuts or burns? Yes No

Do you have hyperpigmentation (darkening of the skin) after physical trauma? Yes No

If yes, please describe

Do you have hypopigmentation (lightening of the skin) after physical trauma? Yes No

If yes, please describe

Do you have any tattoos or permanent make-up in the areas that we will be treating? Yes No

If yes, please describe

Are you pregnant or trying to become pregnant? Yes No Are you breast-feeding? Yes No

Do you have any of the following medical conditions? (Please check all that apply)

- Keloid scars Herpes Genital Herpes Frequent cold sores PCOS
 HIV/AIDS Hepatitis Diabetes High Blood Pressure Heart Condition

Do you have any other health problems or medical conditions? Please list.

I certify the above information is true & correct. I am aware that it is my responsibility to inform the medical staff of my current medical or health conditions and to update this history is essential for the caregiver to execute appropriate treatment procedures.

Patient Signature _____ Date _____

Laser Hair Removal

Before & After Treatment

Before Treatment

- No Tanning (self-tanner, tanning bed, etc.) 4 weeks prior to treatment.
- Do not pluck, wax, use a depilatory or undergo electrolysis in the areas you wish to have treated 6 weeks prior to treatment. Shaving is the fine.
- If you have a history of Herpes Simplex Virus or cold sores, you must pre-medicate one day prior to treatment to prevent further outbreaks.
- We will not be able to treat you if you have an active cold sore, if you have an outbreak please call our office and we will gladly reschedule your appointment.
- Please remove any make-up, lotion, body oil, perfume and jewelry prior to your appointment.

After Treatment

- Some redness and swelling of the area is normal after treatment and may feel similar to a sunburn. This should resolve within several hours to several days after treatment.
- Applying ice packs or cool compresses will help with any discomfort.
- Gently clean area twice daily with a mild cleanser.
- Avoid irritants (glycolics, acids, retinoids, etc.) for 7 days after treatment.
- Apply sunscreen daily. It should be at least SPF 30 protect UVA/UVB and contain the physical blockers zinc oxide and titanium oxide. Our SkinCeuticles sunscreen contains all of the above. We will apply this to you before you leave our office.
- If needed, the only other acceptable hair removal method in between treatments is shaving.
- It may take 1-3 weeks for the dead hairs to shed out of the follicles.
- It is rare to develop blistering, if this happens, do not pop open the blister. Clean with a mixture of hydrogen peroxide diluted with ½ water. Then apply Bacitracin ointment or petroleum jelly and cover with a band aide or a non-stick telpha pad and call our office so we can evaluate you.

If you have any questions or problems please call us at 757-645-3787