



## CONSENT FOR TREATMENT

### Laser Hair Reduction Procedure

#### PURPOSE AND BACKGROUND

As a patient of Nourished MedSpa and Wellness Center, I have requested laser hair reduction. The procedure may require multiple sequential treatments. I understand that as a general rule: I will need a minimum of 6-8 treatments with an average of 9-12 treatments for hair reduction up to 80% for up to 2 years. Less than the recommended number of treatments will affect my overall effectiveness of hair reduction. I realize that it will take 6 months before full effects can be seen. I understand that there is no such thing as complete hair removal, I will likely need to return annually or every 2 years for touchup. If there are any hairs that appear, they are expected to be slow growing, thinner and much lighter in color.

#### PROCEDURE

The use of various wavelengths of light directed at light-sensitive structures in the hair follicle that heat up after absorbing the laser light reducing unwanted hair to produce hair reduction.

#### RISKS AND COMPLICATIONS

1. It is possible to have pinpoint bleeding. Bruising in soft tissues may occur. It would be highly unusual, but excessive bleeding may require emergency treatment or surgery. I understand that I should not take any aspirin or anti-inflammatory medications for seven days before an injection. I understand that I need to ask my cardiologist or primary care physician before stopping any medications prescribed to me.
2. An infection of the wound is always possible. Should an infection occur, additional treatment including antibiotics may be necessary. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. Any infection could last seven to ten days and could lead to scarring or skin discoloration. Skin rash and swelling may occur. Herpes simplex virus infections around the mouth can occur following a treatment. Should any type of breakout occur, additional treatments or antibiotics may be necessary.
3. Reddening, mild burning, temporary bruising or blistering can occur with laser light. Keloid formation may occur. Hyper-pigmentation (darkening) and/or hypo-pigmentation (lightening) of the skin have also been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change.
4. It is very possible that this procedure may fail to achieve your desired results. Strict adherence to the pre-op and post-op instructions is essential. You may need to repeat your treatments to achieve the desired results.

#### BENEFITS

The use of laser light has been known to be safe and effective in reducing hair.

#### ALTERNATIVES

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Other alternative treatments which vary in sensitivity, effect and duration include: waxing, shaving, tweezing, electrolysis and chemical epilation, and more.

#### QUESTIONS

This procedure has been explained to me by the staff of Nourished MedSpa and Wellness Center. I have had an opportunity to ask any questions and research the procedure to my satisfaction.

#### CONSENT

I understand that my consent and authorization for this procedure is strictly voluntary. I have already read and signed the Clinic's general consent and understand that it is still in effect. By signing this informed consent form, I hereby grant authority to Nourished MedSpa and Wellness Center and Dr. Jason Carter, MD (or other delegated medical providers for Nourished MedSpa and Wellness Center) to perform laser hair reduction and/or administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of my condition. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

The nature and purpose of this procedure and the complications and side effects have been fully explained to me. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I agree to adhere to all safety precautions and instructions after the treatment. I have been instructed in and understand post

treatment instructions and have been given a written copy of them. I understand that no refunds will be given for treatments received. No guarantee has been given or implied by anyone as to the results that may be obtained from this treatment.

I have read this informed consent and certify that I understand its contents in full. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I have had enough time to consider the information given me by my physician/practitioner and feel that I am sufficiently advised to consent to this procedure. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify Nourished MedSpa and Wellness Center immediately.

I hereby voluntarily consent to this procedure and release Nourished MedSpa and Wellness Center, medical staff, and all associated professionals from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

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<b>Patient Name (please print)</b>	<b>Patient Signature</b>	<b>Date</b>
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<b>Performed by (please print name and title)</b>	<b>Practitioner Signature</b>	<b>Date</b>
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## PRE-TREATMENT INSTRUCTIONS

### Laser Hair Reduction Procedure

1. Before any laser treatment you must avoid sun exposure, tanning beds and tanning creams for approximately one month and refrain from these throughout the course of the remaining treatments.
2. Shave the area that is to be treated the day before the appointment. We need around 1mm of a hair shaft to improve the effectiveness of the treatment. Hair longer than this, if not shaved, will absorb the laser energy and superficial thermal injury can occur. **Note that if we have to shave the area this will prolong the appointment time and a fee will be charged.**
3. For under arms, it is important to NOT use any anti-perspirants or deodorants on the day of the appointment.
4. On the day of the appointment try to avoid any perfumes, colognes, after-shave, or body lotions on the area to be treated. Use no topical products if at all possible as a photochemical reaction causing skin darkening could occur.
5. For treatment on the bikini area please dress appropriately and bring a change of clothing or any hygiene products that might be needed.
6. Please note that once the decision has been made to begin laser hair removal treatments, you are no longer allowed to tweeze, wax, or use hair removal creams in between treatment. You may only shave the area to be treated.
7. Wait 2 weeks before/after having injectable or filler procedures in the treatment area

### **Contraindications:**

You should not have this procedure if you have:

- a pacemaker or internal defibrillator
- used Accutane® (or other oral retinoid) within the last 6 months
- A history of keloid scarring
- Any abnormal or undiagnosed pigmentation or wish to have treatment over tattoos, moles or semi-permanent makeup.
- Atypical moles of malignancy or history of skin cancer.
- Non-intact skin or inflammatory skin condition at treatment site (i.e. sores, psoriasis, eczema, infection, rash)
- Had laser resurfacing in treatment area within 3 months
- Vitiligo or any medical conditions involving impairment of skin structure, especially healing
- Poorly controlled Diabetes, Type 1 Diabetes or history of poor wound healing
- Pregnancy
- Taken medication that may cause photosensitivity to light.
- Nickel allergy, grey hair, PCOS or other hormonal conditions or recent tanning
- Had a recent chemical or mechanical peel in treatment area (within 2 weeks)

*Please contact our office at 903-357-5108 with any questions or concerns.*



## POST-TREATMENT INSTRUCTIONS

### Laser Hair Reduction Procedure

- Redness (erythema) and swelling (edema) may be seen in treated areas 2 hours or longer after treatment. Swelling may last for a few days and can be relieved by applying ice over the area.
- Antibiotic ointments are recommended for patients who have crusting/scabbing after treatment.
- Patients with darker skin may experience slightly more discomfort and are advised to use aloe vera gel or antibiotic treatment for a week.
- Make-up can be applied a few hours after treatment if there is no blistering on the treated area. However, you should purchase new facial cosmetic products as older make-up may contain bacteria that can cause infection.
- Avoid scratching or scrubbing treated areas. This may cause crusting/scabbing or wounds on tender and sensitive skin.
- Use an antibiotic ointment if a crust or scab develops. Keep the area moist with antibiotic cream. Allow the crust or scab to fall off.
- Protect the skin from the sun to avoid pigmentation. Use sunscreen products with SPF 30 or greater.
- Avoid using hair removal treatments such as waxes, tweezers, electrolysis and similar products. This could reduce the results of the hair removal treatment.
- Patients may experience skin shedding a few days after treatment. Gently wash the area by using a wet cloth.
- Appearance of hair growth or stubble will continue for 7-30 days posttreatment. This is not new hair growth, but the treated hairs being expelled from the skin. For patients with PCOS or hair removal from the face, there may be a paradoxical increase in hair growth after treatment. This is thought to be from activation of dormant hair follicles in the treatment area. Continued treatments should improve the level of hair reduction.

*Please contact our office at 903-357-5108 with any questions or concerns. If you have an emergency or urgent pressing clinical issue, call Dr. Carter at 903-818-3467. Texting is the best way to reach Dr. Carter.*

Please make an appointment for follow-up and reassessment in 4 weeks.

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**Patient Name (please print)**

**Patient Signature**

**Date**