**Dermatology Associates of the South Bay**

**Amber Kyle M.D. & Associates**

LASER/ PULSED LIGHT HAIR REMOVAL (REDUCTION) TREATMENT CONSENT

**PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby authorize and direct Amber Kyle M.D. and her designated associates or assistants to perform laser/ pulsed light hair removal (reduction) 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 laser/ pulsed light procedures.

The following points have been discussed with me:

* The potential benefits of the proposed procedure.
* The possible alternative procedures.
* The probability of success.
* The reasonably anticipated consequences if the procedure is not performed.
* The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, itching, infection, scarring, crusting, re-growth of hair, and/or blistering.
* Post treatment instructions including the need to protect the treated area from sun exposure and management of any post treatment skin irritation

I am aware of the following possible experiences/risks with laser or pulsed light treatment:

* DISCOMFORT and ITCHING – Some discomfort may be experienced during the treatment. Following treatment the area may itch, feel tender sensitive or warm.
* WOUND HEALING – Laser or pulsed light treatment can result in immediate or delayed skin reactions including: swelling, blistering, crusting, a “sunburn” like feeling in the treated area. These skin reactions may last a few hours to 3-4 days or longer.
* BRUISING/SWELLING/INFECTION – With some lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, whenever a skin procedure is performed.
* PIGMENT CHANGES (Skin Color) – There is a possibility that the skin in the treated area can become either lighter or darker in color compared to the surrounding skin. If this occurs it is usually temporary lasting 1-6 months, but, on a rare occasion, it may be permanent.
* SCARRING – Scarring is a rare occurrence, but it is a possibility when the skin’s surface is treated with a laser/ pulsed light device. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully and do not pick at or scratch any crusting, or scabs as the skin heals following treatment.
* EYE EXPOSURE – Protective eyewear (shields) must be worn during treatment to protect your eyes from accidental laser/ pulsed light exposure.

Did a Doctor in this office refer you? If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT**

I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NONREFUNDABLE. BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER/ PULSED LIGHT HAIR REMOVAL TREATMENT AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME. I HAVE HAD ALL MY QUESTIONS ANSWERED. I FREELY CONSENT TO THE PROPOSED TREATMENT AND UNDERSTAND I CAN AT ANYTIME REVOKE THIS CONSENT AND STOP TREATMENT.

**Signature-Patient/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**Print Name/Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature-Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**