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Suite 102B  
Flagstaff AZ 86004

## Informed Consent

### Hair Reduction Treatment

I, \_\_\_\_\_, authorize the designated practitioner of Junto Skin & Laser under the supervision of Dr. Theresa Dowell, FNP to perform hair reduction with IPL/AFT/BBL or Nd:Yag on the following area(s) of my body:

Laser and /or IPL/AFT/BBL (Intense Pulse Light/Advanced Fluorescence Technology /Broad Band Light) therapy targets hair follicles for the purpose of selectively destroying them while leaving the surrounding tissue (skin) intact. The purpose of this procedure is to diminish or remove unwanted hair.

#### Review of facts about light therapy

- Hair reduction requires more than one treatment and does not remove all hair. Generally hair reduction is decreased in the amount of hair growth by 60-90% on average. Results depend on color and location of hair follicles. A general range of 4-12 treatments spaced 4-8 weeks apart is possible for maximum results.
- Light from a laser can be harmful to eyes and wearing special safety eyewear is necessary at all times during the procedures.
- Light from IPL/AFT is an intense burst of light and even though the special safety eyewear is in place, you will sense light emanating from the treatment area.
- The sensation of light may be uncomfortable in certain areas and feel like pin pricks or bursts of heat. We do *not* use topical anesthesia for hair removal as it can unnecessarily increase the risks and side effects of treatment. Cooling with the Zimmer Cryo device and cool water mist as necessary is effective in reducing sensation and side effects.

#### Common side effects and risks

- Erythema (redness) may occur in the area of treatment. This may last several hours. Edema (swelling) around the hair follicles is called peri-follicular edema and is a sign that the hair follicle has been affected. Urticaria (itching) or hive-like appearance is also associated with the thermal light affecting the surrounding skin. These symptoms usually subside in a few hours. A cool compress placed on the area provides comfort. The treated area should be cared for delicately for at least 12 hours. Limited activity may be advised, as well as no hot tub, steam, sauna, or shower use.
- A blister can form up to 48 hours after treatment. An antibiotic cream or ointment can be used. Other short term effects include bruising, superficial crusting, and discomfort.
- Hyperpigmentation (browning) and hypopigmentation (lightening) have been noted. These conditions usually resolve within 2-6 months. Permanent color change is a rare risk. Vigilant care must be taken to avoid sun exposure (tanning beds included) before and after the treatments to reduce the risk of color change. Sunscreen and / or sun block should be applied when sun exposure is necessary.
- Infection is not usual after treatment; however herpes simplex virus infections around the mouth can occur following treatments. This applies to both individuals with a past history of the virus or individuals with no known history. Should any kind of infection occur, your clinician must be notified to prescribe appropriate medical care.
- Allergic reactions resulting from treatment are uncommon. Some persons may have a hive-like appearance in the treated area as discussed above. Some persons have localized reactions to

notified to prescribe appropriate medical care.

- Allergic reactions resulting from treatment are uncommon. Some persons may have a hive-like appearance in the treated area as discussed above. Some persons have localized reactions to cosmetics or topical preparations. Systemic reactions are rare.

I have read and understand the first and second section:

**Initial:** \_\_\_\_\_

I understand that how I take care of my skin after treatment influences my risk of complications. **I agree to stay out of the sun or to use sun block of SPF 30 or above for FOUR weeks following my treatment.** I agree to call the clinic if I develop any markings on my skin after treatment, and I will not pick at them.

**Initial:** \_\_\_\_\_

If I have forgotten to tell the clinic staff of my health problems, medications, allergies, or other important information about me, I will do so now. I will inform the technician if I become pregnant or have any other changes to my medical history.

**Initial:** \_\_\_\_\_

\_\_\_\_\_

Alternative methods of hair reduction are: shaving, waxing, electrolysis, chemical epilation, and threading. I choose to try hair reduction therapy by Laser and/or IPL/AFT/BBL light therapy.

I understand that compliance with pre and post care instructions is crucial for success of hair reduction therapy and to prevent unnecessary side effects or complications.

I understand that the hair reduction therapy involves payment and the fee structure has been explained to me.

### Photography

I do\_\_\_\_\_ or do not \_\_\_\_\_ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information. I am aware that I may or may not be identified by the photos.

*Photography for Hair Reduction at Junto Skin & Laser is unlikely and would only be used for in clinic evaluation purposes. This may include before and after photos or photos of specific side effects or reactions. In this case the above consent or non-consent would not apply as it would be a necessary course in the documentation of treatment.*

I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_