



**INFORMED CONSENT FOR LASER HAIR REDUCTION**

**ALLERGIC REACTION**

Client's Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

The purpose of laser hair removal is to diminish or remove unwanted hair. This procedure requires more than one treatment session. Most clients will need between 6 – 8 sessions, the total number of treatments sessions may vary among individuals. On rare occasions there may be a client that does not respond to treatment.

I authorize WICKED SKIN L.L.C. and its designated staff to perform Laser hair Reduction on my body. I understand that Laser Hair Reduction is an FDA- approved treatment method for removing unwanted hair. I have been advised of the possible reaction which are as follows:

1. **SHORT TERM EFFECTS** may include reddening, swelling, bumps, mild burning, temporary bruising or blistering. Hyperpigmentation (darkening of skin) and Hypopigmentation (lightening of skin), although rare, may occur. These conditions usually resolve within 3—6 months, but permanent color change is a rare risk, less than 1%. Avoiding sun exposure before and after treatment reduces the risk of color change.
2. **INFECTION** following treatment is quite unusual, but bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can be stimulated by laser treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional skin treatments or medical antibiotics may be necessary.
3. **ALLERGIC REACTIONS**, although vary rare, may occur. Local skin allergies to topical preparations, tape, or preservatives used in cosmetics can occur.
4. **HOWEVER SLIGHT**, there is a **RISK OF SCARRING**.
5. **PINPOINT BLEEDING**, although very rare, may occur following treatment procedures. Should bleeding occur, additional skin treatment may be necessary.
6. **EYE PROTECTION MUST BE WORN AT ALL TIME(S)** BECAUSE EXPOSURE TO LASRE LIGHT COULD HARM ONE'S VISION.

**OCCASIONALLY, UNFORESEEN MECHANICAL PROBLEMS MAY OCCUR AND YOUR APPOINTMENT WILL NEED TO BE RESCHEDULED. WE WILL MAKE EVERY EFFORT TO NOTIFY YOU PRIOR TO YOUR ARRIVAL TO THE OFFICE. PLEASE BE UNDERSTANDING IF WE CAUSE YOU ANY INCONVENIENCE.**

By signing below, I acknowledge that I have read the adverse reactions above and I feel that I have been adequately informed of the risk's of Laser Hair Reduction treatments. Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated either by sunlight or artificially. I understand that tanning and some medications can make my skin photosensitive. I also agree to comply with the recommended aftercare instructions which are crucial for healing and prevention of scarring and hyperpigmentation. I hereby release WICKED SKIN L.L.C. AND its designated staff from ALL liability associated with the above.

**ACKNOWLEDGEMENT:**

MY QUESTIONS REGARDING THE LASER HAIR REDUCTION PROCEDURES HAVE BEEN ANSWERED SATISFACTORILY. By my signature below, I hereby hold harmless WICKED SKIN L.L.C. and ALL STAFF and anyone in connection to WICKED SKIN L.L.C and or affiliates and release them from any and all liability connected with this procedure.

Client/Guardian Signature: \_\_\_\_\_

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

Laser Technician Signature: \_\_\_\_\_

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

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#WATER MARK PROTECTED#**

