



Beauty, laser & wellness center  
Monica Bonakdar, MD

## Laser Hair Removal Informed Consent

*This form is designed to provide you with the information you need to make an informed decision on whether or not to have Laser Hair Removal performed. If you have any questions or do not understand any part of this consent, please do not hesitate to ask us.*

**TREATMENT-** I have requested treatment on the following areas \_\_\_\_\_

---

**Laser Hair Removal-** destroys undesired pigmented hair in the growing phase. As not all hair is in the growing phase at once, multiple treatments are needed to get permanent reduction. The average number of treatments in studies on non-ethnic white individuals is at **least 3 to 5 treatments**. The number of treatments needed differs from patient to patient, and may be more than 5 treatments. It takes up to two weeks for treated and destroyed hairs to fall off. We stand behind our service and take meticulous care to provide you with the best service possible. For the best results, we recommend that you do the first and the second treatment two weeks apart and future treatments four to eight weeks apart.

### **CONTRAINDICATIONS-**

- I do not have gray or light blond hair
- I do not have a history of cold sores in the area being treated.
- I am not pregnant and I am not breastfeeding.
- I am not using Accutane nor have I been on Accutane in the last year.
- I do not have a history of keloid scar formation or poor wound healing.
- I do not have allergies to Lidocaine or Tetracaine.

**HERPES SIMPLEX-** Herpes simplex eruption may result in rare cases in a treated area that has previously been infected with the virus. This reactivation can be avoided by taking an Anti-viral prior to the procedure. . I understand that if I have ever, in my life, experienced a cold sore in the area of my treatment, I must start on an antiviral prophylaxis and I can get a prescription from this office by requesting the medication.

**SIDE EFFECTS-** Just as there may be benefits to a procedure, I understand that all procedures involve risks to some degree.

**Discomfort:** This is usually only during the procedure. On the rare occasion, skin tenderness, burning and stinging sensations may last up to 24 hours after the procedure. Discomfort during

the procedure can be diminished by use of topical anesthetic cream which can be purchased from the office for \$40 per 1 oz jar.

**Swelling:** May occur immediately after treatment. This condition is temporary and resolves on its own.

**Crusting, Blistering or Temporary Hyperpigmentation:** The area may heal with changed pigmentation or color. Such a change occurs most often with darker skin, sun tanned skin or tanning booth treated skin. The changed pigmentation usually reverts to its original appearance in 3 to 6 months although occasionally a pigment change may be permanent.

**Scarring:** To reduce your chances of scarring it is important to prevent sun exposure to area being treated prior to treatment and to follow post-treatment instructions.

**Infection:** This is rare following treatment if proper skin care is used after the procedure.

**AUDIO AND VIDEO RELEASE-** Pre and Post-Treatment photos, video and audio may be taken of the treatment for record purposes. I understand that these photos will be the property of Dr. Bonakdar. These photos may be used for diagnostic, educational, advertising, or record keeping purposes; however the material will not contain my name or any other personal identifying information.

**NO GUARANTEES-** Because all individuals are different, it is not possible to completely predict the benefits from this treatment. By signing this form I acknowledge that guarantees as to the final results of my treatment have not been made. Some individuals will have a very noticeable improvement after the first treatment, while others may have little or no improvement. I understand that additional treatments for additional fees may be needed to achieve my desired end result.

**NO REFUNDS-** This office has a strict no refund policy. This means that no refunds are given on procedures performed for any reasons.

*By my signature, I acknowledge that I have read the foregoing informed consent form and have been adequately informed of the nature of my condition, the nature of the procedure, the expected benefits of this treatment, the risks of this treatment, the alternative methods of treatment, and the risks of not treating my condition. I hereby consent to this procedure.*

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_