



Consent Form

Laser Hair Reduction

skin body soul

The Sciton Laser/Light system used for your hair removal treatment produces an intense burst of light that is absorbed by the hair follicle selectively.

All patients or persons in the treatment room will wear protective eyewear to prevent eye damage from this intense light.

The sensation of the light is uncomfortable and may feel like a slight pin prick, a rubber band snap, or sensation of heat, which may last for a few hours.

Following the procedure, the treated area may be red or feel like a sunburn for a few hours or a few days. Blistering may occur. There may also be minor swelling for up to 24 hours following the treatment. The area should be treated delicately following treatment.

I have been informed that multiple procedures may be necessary. I have also been informed that due to the fact that hair grows in cycles and that normal skin will always carry dormant hair follicles that may become active at any time- Multiple treatments will be necessary and that not all of the hair will be gone after my treatments, I may need to return for future follow-up treatments. _____ (please initial)

I have been informed that hyperpigmentation (darkening of the skin) and hypopigmentation (lightening of the skin) are possible risks and complications of the procedure. I understand that not adhering to the post-care instructions provided to me may increase my chance of complications. _____ (please initial)

I understand that the results of these treatments vary from individual to individual. _____ (please initial)

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

Signature: _____

Date: _____

Witness: _____