



Consent Form—Hair Removal

The Elite MPX laser produces an intense burst of light that is absorbed by the hair follicle selectively. All people in the treatment room, including myself, 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 pinprick or sensation of heat, which may last for a few hours.

Following the procedure, the treated area may be red for a few hours to a few days. Blistering may occur. The area should be treated delicately following the procedure. Multiple procedures may be necessary.

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 sun exposure and not adhering to the post-care instructions provided to me may increase my chance of complications. I will care for the skin area(s) gently cleaning daily with gentle, antibacterial cleanser and applying a broad spectrum (UVA/UVB) sun block SPF 30 or greater. The sun block should be applied before leaving the office.

I consent to the taking of photographs during the course of my laser therapy for the purpose of medical education. These photographs may be used for teaching or publication, as the case provider deems appropriate. If I do not want, under any circumstances, my photographs to be published, I will express it in writing.

I have read and understand all information presented to me before signing this consent. I have also been given the opportunity to ask questions.

I authorize the licensed health care professional listed here: _____ to perform laser hair removal.

Patient _____ Date _____
(or legal guardian)

Witness _____ Date _____