deNovo
HEALTH

LASER HAIR REMOVAL CONSENT FORM

I hereby authorize and direct any associates or assistants of deNovo Health to perform laser hair reduction on me. Because these are effective only on actively growing hairs, multiple treatments will be required to achieve cosmetically acceptable results. White, gray, red, and blond hairs will not respond to laser or light based treatments. In rare cases, patients may not experience any hair reduction even with multiple laser treatments. I specifically acknowledge that no guarantees or warranties have been made concerning the results of the procedure.

The following points have been discussed with me:

- The most likely possible complications or risks involved with laser hair reduction include, but are not limited to blistering with infection and scarring, scabbing, bruising, and long-term pigmentary changes. Hypo-pigmentation or Hyper-pigmentation could be permanent.

- Blistering, infection, scarring, scabbing, bruising, and long term pigmentary changes are more likely in people that are not honest about their tanning habits or who try to tan during the course of treatments. Tanned skin can be treated with correctly modified settings. I understand that it is my responsibility to let my technician know if I have received any tan throughout the course of my treatment.

- The presence of medical conditions that affect the hormone balance in females may limit the effectiveness of laser hair reduction.

- Because the laser treatments will tend to synchronize the growth cycles of hair, there may be the perception of increased hair during your treatments. This usually occurs near the third or fourth treatment. Do not be alarmed. This is an ideal time to perform laser hair reduction because of the high percentage of actively growing hairs that are the ideal targets for laser treatments.

- Topical anesthetic may be used to lessen the discomfort in sensitive areas.

- Eye protection must be worn at all times during the treatment.

- I understand that immediately following the laser treatment, the treated area will appear as a red discoloration and may have edema (swelling). The treated area will feel like a sunburn for a few hours after the treatment.

- I am not on any medications that my doctor or pharmacist has told me that would cause my skin to be sensitive to the sun or tanning beds.

  My last sun / tanning bed exposure was _____ My next planned sun exposure is _____

I understand that I release deNovo Health, the Medical Director, and its associates, the laser technician performing services and any other person involved in my treatment from any liability associated with complications from the laser procedure. I am aware that deNovo Health has a 24-hour cancellation policy. Similarly, I will be charged $100 for any broken appointment without 24 hour cancellation. I understand that all procedures are priced per treatment. I understand that no guarantees can be made and all payments are non-refundable. By my signature below, I certify that I have read and fully understand the contents of this permission and authorize the performance of laser hair reduction by the staff of deNovo Health.

Patient Name (Printed)	Signature	Date

Physician / Nurse Signature	Date