



I authorize a laser technician to perform LightSheer Duet treatments on me in an effort to improve Hair Reduction/Pseudofolliculitis Barbae. I understand that these results are not permanent but will achieve a significant reduction.

I understand that there is a rare possibility of side effects or serious complications including but not limited to permanent discoloration, burns, scarring, temporary hypo or hyperpigmentation. I am aware that careful adherence to all advised instructions will help reduce possibility.

I understand that below list of short term effects and agree to follow matching guidelines:

Discomfort - during the procedure and shortly after, I might experience an itching sensation which degree with vary per hair density, area sensitivity and treatment head used that does not last. A mild "sunburn" sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams.

Perifollicular erythema/edema - severity and duration of the rash depend on the intensity of the treatment and the sensitivity of the area to be treated.

Micro-crusting over some areas with very dense and course hair - may take 5-10 days to flake off and it is important not to manipulate or pick which may otherwise lead to scarring

Bruising may rarely occur and may last several days

I must disclose any new changes in medication and/or changes in my medical history every time I receive a treatment

I understand sun exposure or tanning of any sort is a risk for laser hair removal and may increase the chance of short term and/or long term complications

The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all of my questions answered

Pre and post-care instructions have been discussed and are completely clear to me

I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required to keep my results

I consent to photographs being taken for the purpose of documenting my progress and will be kept in my private medical record

INFORMED CONSENT:
LASER HAIR REMOVAL

All statements above are true and accurate to the best of my knowledge. I hereby freely accept to be treated for laser hair removal and my signature certifies that I have read and understood the content of this consent form.

X

Patient Signature and Date