

CONSENT FORM FOR LASER SERVICES

I, _____, authorize MICA Minimally Invasive Cosmetic Associates, LLC and its designated staff to perform laser hair removal on my body. I understand that laser hair removal is an FDA approved treatment method for removing unwanted hair. I have been advised of the possible adverse reactions which are as follows.

PAIN:

The laser causes mild discomfort which can be minimized by applying an anesthetic cream approximately one hour prior to each treatment.

CRUSTING:

If superficial crusts form, they should resolve with the gentle care we describe in the aftercare instructions.

PIGMENT CHANGES:

Temporary color changes such as hyperpigmentation, which is a brown discoloration, or hypopigmentation, which is skin lightening, may occur. While these can take 3-6 months to resolve, they rarely lead to permanent scarring (less than 1 %)

EYE PROTECTION:

Protective eyewear must be worn by everyone present during treatments.

PERSISTANCE OF HAIR:

Evaluation of laser hair removal is on going, however, studies and clinical experiences suggest that multiple treatments produce long term hair loss. Although some clients respond better than others, most clients will experience progressive hair loss with each treatment.

By signing below, I acknowledge that I have read the adverse reactions above and feel that I have been adequately informed of the risks of laser hair removal treatments. Before each treatment I will inform the laser clinician if I have taken any new medications since my last treatment or if I have tanned the areas to be treated by sunlight or artificially. I understand that the recently tanned skin should only be treated with the YAG Laser and only after being out of the sunlight, tanning beds and/or the use of tanning creams for a minimum of 14 days. I also understand that some medications can make my skin photosensitive and either of the aforementioned conditions could cause the laser to damage my skin. I also agree to comply with the recommended aftercare guidelines which are crucial for healing, prevention of scarring and hyperpigmentation. I hereby release MICA Minimally Invasive Cosmetic Associates LLC, its medical staff and the specific clinician from any liability associated with the above.

Client Signature

Date