

Laser Hair Pre & Post Care

PRE-CARE

- You must shave or closely clip the hair of the body part to be treated. If you cannot shave yourself, then advise the technician and our staff prior to treatment in order to schedule extra time in the appointment and we can do it for you for a fee of \$20 per area per occurrence.
- Do not wax, tweeze, pluck, use depilatories or electrolysis during your series of laser hair reduction.
- Avoid sun exposure for 1 to 2 weeks prior to treatment and use SPF 30 daily to ensure coverage against UVB and UVA rays.
- Do not use tanning beds or self-tanning products for 10-14 days prior to and/or post treatment.
- Discontinue use of Tretinoin type products (Renova, Tretinoin, Retin A, Retin A Micro, Tri-Luma, Solage, etc.) or Hydroquinone at least 2 or 3 days prior to treatment.
- Many medications that are sun sensitive will also make you more sensitive to the laser. Please disclose any medications that you may be taking.
- If you have a history of cold sores, begin prophylactic treatment with Valtrex or similar no later than the day prior to your laser hair treatment.
- Notify the center if you develop a cold sore, acne, open lesions in the area being treated, or experience any type of illness prior to your treatment.
- Longevity of Botox and fillers done any time within 6 months prior to face treatment may be affected. Botox done within 2 weeks prior to treatment is not recommended.

REMEMBER - Laser hair reduction is never 100%. Industry standard is 75% to 90% reduction in the hairs. Not all hairs will be destroyed. Hormones can cause hair to grow back.

POST CARE

- You may experience small red bumps around the hair follicle. This is normal and expected. Do not pick, rub, or scratch these until they have cleared. Your skin overall may be sensitive for several days following your laser hair removal treatment.
- If your skin scabs or crusts, or you experience a burn, do not pick, rub, or scratch these areas. Doing so can result in infection, permanent pigment changes in your skin or even scarring. Gently cleanse the area and apply hydrocortisone cream several times a day for one week. If the area is open, also apply a layer of antibiotic ointment over the hydrocortisone cream. Please contact us immediately if you experience any burns.
- Do not sunbathe or use a tanning bed for at least 2 weeks following your treatment.
- Avoid swimming, hot tubs and saunas for several days following your treatment.
- It can take several weeks for the hair in the treated area to "fall out" (push up and out of the follicle). This time frame is normal.
- Do not expect your hair to "not grow back" after a single session. Laser hair removal is a process.
- Subsequent treatment sessions should be scheduled 4 to 6 weeks apart.
- Although rare, infection in the treated area is possible. Signs of infection may include redness and tenderness in the infected area and fever. Should you develop an infection, antibiotics may be necessary. Please contact us should you have any concerns.
- Care should be taken to prevent trauma to the treated area for the first 2 days following treatment. Shaving should be avoided post treatment for 24 hours.
- A minimum sunblock of SPF 30 (UVA/UVB) should be used for any sun exposure during your treatment duration.
- Tanning has to be avoided 10 days prior and 1 week post a Laser Treatment.
- Cold packs can be applied to ease any temporary discomfort.
- Hair can take up to 3 full weeks to fall out, or in some cases as little as a few days. On average you should see hair falling out at the 7-10 day mark.

If you experience any adverse reaction, it is important that you contact us right away at 973-845-8845

In some people temporary itchiness can occur, you can apply hydrocortisone cream to the area to relieve the sensation.





Laser Hair Removal Consent

I hereby authorize my practitioner or any delegated associates, to perform laser hair removal on me. I understand that this procedure works on the growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is unlikely, and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand some people may not experience complete hair loss even with multiple treatments and that it is only effective on hair with color and does not treat white, grey, blonde or red hair. I understand that genetics, hormones and hair color may interfere with hair loss and I may not respond at all.

I am aware of the following possible experiences/risks:

- DISCOMFORT - Some discomfort may be experienced during treatment.
- REDNESS/SWELLING/BRUISING - Short term redness or swelling of the treated area is common and may occur. There also may be some bruising.
- PIGMENT CHANGES (Skin Color) - During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- WOUNDS - Treatment can result in burning or blistering of the treated areas. If any of these occur, please call our office.
- INFECTION - Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office.
- SCARRING - Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post treatment instructions carefully.
- EYE EXPOSURE - Protective eyewear will be provided. It is important to keep the eyewear on at all times during the treatment in order to protect your eyes from injury.

The following points have been discussed with me:

- Potential benefits of the proposed procedure.
- Possible alternative procedures such as electrolysis, waxing, tweezing and depilatories.
- Probability of success.
- Reasonably anticipated consequences if the procedure is not performed.
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period.
- Post-treatment instructions.

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep my practitioner informed should I become pregnant during the course of treatment. Photographic documentation will be taken. I hereby authorize the use of my photographs for teaching purposes.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONSENT, RELEASE AND INDEMNITY AGREEMENT FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

Patient Name: _____ Patient Signature: _____ Date: _____