

# INTENSE PULSE LIGHT

## Hair Removal Consent Form

1. I understand my hair removal treatments are performed with the Quadra Q4 Platinum Series Intense Pulsed Light system which uses high intensity pulsed light to destroy the hair follicle. I understand this procedure may cause discomfort during treatment and a slight redness and irritation will occur on the skin after treatment. This irritation and redness usually subsides in 12 to 24 hours. In some rare cases side effects may include, but are not limited to, lightening or darkening of the skin, blistering, and/or skin irregularity.
2. I understand that hair removal results vary from patient to patient and that there is a small possibility the procedure will not cause permanent reduction of hair growth. I also understand that in order for the procedure to be effective, the following guidelines must be followed:
  - a. Multiple consecutive treatments are performed until the desire level hair removal is observed.
  - b. Consecutive treatments are performed every 3 to 4 weeks.
  - c. The hair in the treatment area is shaved 1-2 days prior ti treatment and not plucked or waxed. Plucked or waxed hair will render the treatment ineffective.
3. I understand that sun exposure 2 weeks prior to treatment and/or 2 weeks after treatment can possibly cause darkening or lightening side effects of the skin.
4. I understand that other forms of hair removal methods exist.
5. All my questions regarding this procedure have been answered.
6. I understand that the physician may use any pictures taken of me for educational purposes.

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_