

smooth like
butter
Laser Hair Removal

I hereby authorize Smooth Like Butter staff to perform laser hair reduction on me. I understand that this procedure works on the growing hairs (anagen) and not on dormant hairs. I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I understand I may experience fewer, thinner, lighter, slower re-growth of hairs, temporary hair loss or permanent hair reduction. I understand that it is only effective on hair with colour and does not treat white, grey or red hair. I understand that genetics, hormones, medication and hair colour may interfere with hair loss and that I may not respond at all.

The procedure may result in the following adverse experiences or risks:

- **Discomfort/Pain** - some discomfort and/or pain may be experienced during treatment.
- **Redness/swelling/bruising** - short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There may also be some bruising.
- **Hypo pigmentation/Hyper pigmentation:** (changes in skin colour):- During the healing process, there is a slight possibility that the treated area may become either lighter (hypo pigmentation) or darker (hyper pigmentation) in colour compared to the surrounding skin. This is usually temporary, but on a rare occasion, it may be permanent.
- **Sun exposure/ tanning beds/artificial tanning** - may increase risk of side effects and adverse events.
- **Wounds**- treatment can result in burning, blistering, or bleeding of the treated areas.
- **Scarring**- scarring is a rare occurrence, but it is possible. To minimize the occurrence of scarring, it is important that you follow all post-treatment instructions provided.
- **Leukotrichia** - temporary or permanent gray hair.
- **Eye exposure**- Protective eyewear will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause sever and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatment such as electrolysis, waxing, plucking and depilatories
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Smooth Like Butter staff informed should I become pregnant during the course of treatment.

Photographic documentation may be taken. I hereby do ___ do not___ authorize the use of my photographs.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THE INFORMED CONSENT FOR LASER HAIR REMOVAL TREATMENT, AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-witness

Print Name

Date