

CONSENT FOR HAIR REDUCTION TREATMENT AT NORCAL DERMATOLOGY

I authorize **Dr. Truong/Dr. DeGroot or certified provider** to perform light-based treatments on me to reduce unwanted hair. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments are necessary. I have read and understand the **pre- and post- care instructions** given to me prior to treatment.

I understand that:

- The sensation of light may feel like a moderate to severe pinprick or flash of heat. If the practitioner elects to use an anesthetic to reduce the discomfort, all options and risks associated with the anesthetic will be discussed with me. The treated area may be red and swollen for 2–24 hours or longer. Cooling the area after the treatment (e.g. ice packs, and topical gels) may help reduce the discomfort.
- Common side effects include temporary redness (erythema) or mild "sunburn"-like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, itching, pain, burns, scabbing, swelling, broken capillaries, bronzing, acne or herpetic breakouts, and darkening or lightening of skin color lasting up to 6 months or longer. There is also a risk of resulting unsatisfactory appearance and failure to achieve the desired result.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas.
- Serious complications are rare but possible, such as, scarring, skin loss, and allergic reaction to medications or materials used during the procedure. There is no guarantee that the expected results will be achieved.
- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the written post-treatment instructions provided may increase my chance of complications. Therefore, I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (at least SPF 40) after treatment.
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment. I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s). I understand that all forms of anesthesia and sedation involve risk and the possibility of complications, injury, and in rare instances death. Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes as long as my identity is not revealed. No photographs or digital images revealing my identity will be used without my written consent.

Before and after-treatment instructions have been given and discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction. I also understand that because results may vary among individuals, there will be no refund should the result do not meet my expectation.

I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered. I freely consent to the treatment today and any future treatments.

Patient Signature: _____ Print name: _____ Date _____

Witness signature: _____ Print name: _____ Date: _____

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