



Name \_\_\_\_\_ DOB \_\_\_\_\_

According to the American Society for Aesthetic Plastic Surgery, Laser Hair Removal (LHR) was one of the most commonly requested non-surgical treatments in 2016 with more than 1 million procedures conducted. LHR is a non-invasive laser treatment designed to remove unwanted hair from all parts of the body. The laser device works by emitting pulses of light energy that penetrate the skin and destroy hair follicles while the device's handpiece cools the surrounding skin.

I understand because the laser needs to fill the hair follicle to work effectively, it is important not to wax, tweeze, have electrolysis procedures or pluck hair for 2-4 weeks prior to the procedure.

I understand it generally takes 10 to 21 days after the procedure for the treated hair to fall out. Treatment of dark course hair generally achieves the best results while removal of light fine hair generally requires additional treatments which may or may not be successful.

I understand clinical results of LHR may vary depending on individual skin type, hormonal levels and hereditary influences. Therefore, some patients may experience partial results, and some may notice no improvement at all. Future hormonal changes may cause additional hair growth.

I understand LHR procedure generally involves a series of treatments. Ideal (light skin/dark hair) candidates can usually achieve 65%-90% reduction with a series of 6 to 9 treatments. Thicker skinned areas such as men's backs, faces or neck usually require more than 6 sessions and usually achieve only partial reduction or hair thinning

You are not a good candidate for LHR procedure if you are pregnant, nursing or plan to become pregnant while undergoing LHR treatments.

Individuals who have used Accutane within the past six months or who used any medications requiring limited exposure to sunlight are not good candidates for LHR procedure. Individuals with recently tanned skin are advised to delay undergoing the LHR procedure. The laser may not be effective on blond or gray hair. Sun exposure 2-4 weeks prior to treatment may reduce effectiveness of the laser.

Royal Medical Health do not provide shaving services and I understand I must do this myself prior to the treatment and prior to each treatment session.

I give Royal Medical Health permission to use my email for educational and promotional purposes.

I understand all medical and cosmetic procedures are associated with certain risks and may result in complications. Possible risks and complications associated with LHR procedure include: Temporary reddening, burning, swelling, bruising or discoloration of the skin over the treated area. Blistering, scarring, activation of cold sores, infection or permanent discoloration, which may occur in rare cases. Hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin), which rare may take several months to fully resolve. Crusting or blistering of the area exposed to laser, which is rare, and which may take several days to heal.

I understand it is important for me limit sun exposure after the LHR procedure and use protective sunscreen lotion.

I understand that this is an "elective" procedure and alternatives to the procedures and options have been fully explained to me and that nonrefundable payment is my responsibility and is expected at the time of treatment.

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving Neuromodulators.

By signing this consent, I hereby voluntarily consent to treatment with Neuromodulators. The procedure has been fully explained to me. I have read the above and understood it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history medications or my physical conditions, I will notify the Royal Medical Health provider who treated me, immediately. I also state that I read and write in English.

I have answered these questions truthfully. I have viewed the Privacy Policy. I give permission to leave detailed messages, fax or e-mail information regarding my care, and/or discuss my medical care with specific family and/or friends, or other healthcare professional when is necessary. I understand that I am granting a waiver of my privacy rights under HIPAA. If I decide to change these instructions, I will notify Royal Medical Health provider in writing as soon as possible. If I have given my email address above, I understand that email is not privacy protected.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_