

# LASER HAIR REMOVAL

## Treatment Information

### BEFORE LASER HAIR REMOVAL

- Please shave the area 1-2 days prior to treatment.
- Avoid the sun for 2 full weeks before treatment.
- Our advanced laser specialist may ask you to stop any topical medications or skin care products 3-5 days prior to treatment.
- You MUST avoid bleaching, plucking or waxing hair for 4-6 weeks prior to treatment. The melanin-containing hair must be present in the follicle as it is the “target” for the laser light.
- If you have had a history of peri-oral or genital herpes simplex virus, your specialist may recommend a prophylactic antiviral therapy. Follow the directions for your particular antiviral medication.
- RECENTLY TANNED SKIN CANNOT BE TREATED! If treated within 2 weeks of active (natural sunlight or tanning booth) tanning, you may develop hypopigmentation (white spots) after treatment and this may not clear for 2-3 months or more.
- The use of self-tanning skin products must be discontinued 1 week before treatment. Any residual self-tanner should be removed prior to treatment.

### DURING LASER HAIR REMOVAL

- The skin is cleaned prior to treatment.
- When treating the upper lip, the teeth/braces may be protected with moist white gauze. The gauze also serves to support the lip during treatment, allowing a surface to push against.
- The DCD (cryogen cooling device), will be used with the laser to cool the skin during treatment.
- Safety considerations are important during the laser procedure. The patient and all personnel in the treatment room MUST wear protective eyewear during the procedure to reduce the risk of eye injury. Your skin care specialist will take all necessary precautions to ensure your safety and comfort. \*Please do not bring your child to the appointment.

### AFTER LASER HAIR REMOVAL

- Immediately after treatment, there should be erythema (redness) and edema (swelling) of each hair follicle in the treatment site, which may last up to 2 hours, or longer. The redness may last up to 2-3 days. The treated area will feel like sunburn for a few hours after treatment.
- Your specialist may use an optional cooling method after treatment to ensure your comfort.
- A topical soothing skin care product such as aloe vera gel may be applied following treatment if desired.
- Makeup may be used immediately after the treatment as long as the skin is not irritated.
- Avoid sun exposure for 2 weeks to reduce the chance of hyperpigmentation (darker pigmentation).
- Use a sunblock (SPF 30+) at all times throughout the course of treatment.
- Avoid picking or scratching the treated skin. Do not use any other hair removal treatment products or similar treatments (waxing, electrolysis or tweezing) that will disturb the hair follicle in the treatment area for 4-6 weeks after the laser treatment is performed. Shaving is encouraged.
- Anywhere from 5-14 days after the treatment, shedding of the treated hair may occur and this appears as new hair growth. This is NOT new hair growth. You can clean and remove the hair by washing or wiping the area with a wet cloth or Loofa sponge.
- After the axilla (underarms) is treated, you may wish to use a powder/spray instead of a stick deodorant for 24 hours after the treatment to reduce skin irritation.

- There are no restrictions on bathing except to treat the skin gently, as if you had sunburn, for the first 24 hours.
- Return to the office or call for an appointment at the first sign of the return of hair growth. This may occur within 4-6 weeks for the upper body and possibly as long as 2 months for the lower body. Hair regrowth occurs at different rates on different areas of the body. New hair growth will not occur for AT LEAST three weeks after treatment.
- After a laser hair removal treatment, you will notice your hair will become finer, the volume of hair will decrease, and your skin will feel smooth and silky.
- With multiple treatments, our specialist captures the hair in the active growth phase and then targets the pigment in the hair follicle to disable growth.
- Call us with any questions or concerns you may have.

## CONSENT FORM

**CLIENT'S FULL NAME:** \_\_\_\_\_

**TREATMENT SITES:** \_\_\_\_\_

I duly authorize **Dalyce Spencer** to perform the treatment. I understand that the **GentleMax Pro™** is a device used for hair removal, skin rejuvenation, acne treatment, wrinkle reduction, leg veins, and other vascular lesion treatments, of which I am consenting to be a patient receiving \_\_\_\_\_ treatment (specific procedure).

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre and post-treatment instructions, and individual response to treatment. A 48-hour test patch has been recommended, but I'd rather proceed together without it.

**CLIENT'S INITIALS:** \_\_\_\_\_

I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discolouration of the skin, as well as the possibility of rare side effects such as scarring and permanent discolouration. These effects have been fully explained to me.

**CLIENT'S INITIALS:** \_\_\_\_\_

I understand that the GentleMax Pro™ involves a series of treatments and the fee structure has been fully explained to me.

**CLIENT'S INITIALS:** \_\_\_\_\_

I certify that I have been fully informed of the nature and purpose of the procedures, expected outcomes and possible complications, and I understand that no guarantee can be given as to the result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I confirm that I have informed the staff regarding any current or past medical conditions, diseases or medication taken. I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education, and promotion. I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

**CLIENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_