

## **Consent form for Laser Hair removal**

I named ..... aged ..... yrs, have been advised to undergo LASER (skin Resurfacing/Hair Removal/Tattoo Removal/Pigment Reduction) for my skin condition .....

I hereby give my consent after being explained about the procedure by Dr ..... I also state that I have understood the following information :

1. I am aware that this is a Cosmetic Procedure and I have been involved in decision making about the choice of treatment. I have been informed about different options available.
2. I am aware that ..... LASER will be used for the procedure.
3. I am also aware that the procedure will be performed in increasing dosage.
4. I am also informed that several sessions may be necessary for desirable results. The number of sessions can not be precisely guaranteed and are variable from patient to patient. I have been informed that most patients respond with in 10 sessions, though rarely more sessions may be needed.
5. I have been informed that I may experience mild burning during the procedure and for few days after procedure.
6. I am aware that the skin may become slightly reddish /brownish for few days after the procedure.
7. I have been informed:
  - A) To use sun blocks regularly.
  - B) To avoid irritants, soaps for 1 week.
  - C) To avoid sunlight for 2 weeks.
  - D) To use hydrocortisone cream for 1 week.
  - E) To use tab Cetirizine if burning sensation persists.
  - F) To stop hydrocortisone cream once erythema subsides / after 1 week.
8. I am aware that improvements may take few weeks to occur and that I may need further follow-up
9. I am aware of my medical condition called PCOD. I have been informed that the number of sessions of laser removal treatment cannot be predicted accurately due to my hormonal problem. An average of 6-12 sessions may be required and I agree to take additional sessions as and when required. I also agree to undergo treatment for PCOD problem simultaneously
10. I have fully understood the above information after reading it / being translated the same by .....

I hereby give consent for Dr ..... to perform the procedure and other Medical services that may become necessary during the procedure. The consent form has been signed by when I was not under the influence of any drugs. I hereby give consent to take my photographs which will not be used for publicity.

Signature of Patient /-

Signature of Doctor /-