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Laser Hair Removal CONSENT FORM

Please read and initial each statement.

I have read the Laser Hair Removal Information and Instruction sheet and have had an opportunity to ask questions about the treatment.

I authorize the physician, nurse or laser technician to perform Soprano XL or Harmony XL laser hair removal on me.

The cost of the procedure(s) has been discussed with me and I agree to pay this amount.

I understand:

- the goal of laser hair removal is the gradual, permanent reduction of hair in unwanted areas. Every individual is unique which makes it difficult to guarantee the specific number of treatments needed. Results vary with the individual depending on skin colour, hair colour, hair density, hormones and medications. It is expected that I will require on average up to **6 treatments** and possibly more. Touch up treatments may be needed in the future.
- hair that is white, blond or red may not respond to laser hair removal.
- laser hair removal is not recommended for tanned patients until the tan has faded. If tanned skin is treated the outcome may not be as successful as on un-tanned skin. Sun exposure must be avoided between treatments. I have not tanned and will not tan in the areas to be treated during the entire treatment course and for **6 weeks** before or after treatments. This includes sun exposure and tanning beds. Artificial tanning products must be discontinued **2 weeks** prior to treatments.
- test patch treatments may be done to evaluate skin responsiveness.
- **eye damage** may occur if protective eyewear provided is not worn.
- loss of pigmented lesions such as freckles and moles may occur if in the treatment area.
