



MICHAEL J. BROWN, M.D., P.L.L.C.
Aesthetic Cosmetic Plastic Surgery

PATIENT CONSENT FORM
FOR LASER HAIR REMOVAL

I hereby authorize and direct Dr Michael J. Brown and/or any associates or assistants to perform laser assisted hair removal on me. I understand that this procedure only effects the hairs that are actively growing and not on dormant hairs. For this reason, reduction of hair growth from any one treatment is unlikely, and I understand that I will require several treatments to obtain any, long-term reduction of hair growth. I also understand that very rarely, because of a person's hair anatomy, some people may not experience significant hair loss even with multiple laser procedures. This treatment is intended to reduce the number of hair follicles, not permanently remove all follicles. I understand this laser is FDA approved for permanent hair reduction.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, scarring, crusting, re-growth of hair, skin pigment changes, and/or blistering.
- No guarantee has been offered as to the amount of hair clearance and the number of treatments required to obtain a satisfactory result.
- Pre & Post treatment instructions.

I am aware of the following possible experiences/risks with Laser Surgery:

- DISCOMFORT – Some discomfort may be experienced during laser treatment.
- WOUND HEALING – Laser Treatments can result in swelling, blistering, crusting, or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
- BRUISING/SWELLING/INFECTION – With some treatments, bruising of the treated area may occur. Additionally, there may be some swelling noted. Skin infection is a possibility although rare, whenever a skin procedure is performed.
- PIGMENT CHANGES (Skin Color) – During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- SCARRING – Scarring is a rare occurrence, but it is a possibility after a treatment. To minimize the changes of scarring, it is IMPORTANT that you follow all pre-treatment and post-treatment instructions carefully.
- EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

ACKNOWLEDGMENT

I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON-REFUNDABLE AND ANY ADDITIONAL COST THAT ARISE FROM THE ABOVE PROCEDURES ARE MY RESPONSIBILITY.

I UNDERSTAND THAT IT IS MY FULL RESPONSIBILITY TO INFORM ASSOCIATES/ASSISTANTS OF MICHAEL J. BROWN, MD, PLLC PERFORMING TREATMENTS OF CHANGES IN MY HEALTH AND OR MEDICATIONS CURRENTLY TAKING.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER HAIR REMOVAL TREATMENT AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness or

Print Name/Relationship

Date