

KELLIWOOD FAMILY PRACTICE
ABOUT FACE ~ AND BODY

Laser Hair Removal Consent Form

Thank you for choosing Kelliwood Family Practice. In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this consent form and ask any questions necessary to help you fully understand it. This form shall serve as a permanent addendum to each and every procedural consent form signed by you for services rendered by Kelliwood Family Practice. Please sign only after careful consideration.

Procedure

I consent to the use of the Aesthera PPx for the removal of unwanted body hair.

Mechanism

The Aesthera PPx produces a focused beam of highly concentrated light. This beam generates a wavelength of energy that is selectively absorbed by the melanin (pigment) in the hair follicle. This absorption produces heat, which in turn diminishes the follicles ability to grow hair. Hair growth may be eliminated and any re-growth is usually finer and lighter, making it more cosmetically acceptable. Multiple follicles are affected with each pulse of the laser. The length (time) and energy (power) of the laser pulse are adjusted to maximize results while minimizing side effects.

Operator

Your care will be provided by a qualified laser operator who is certified by Kelliwood Family Practice. All operators are trained in laser science, use of the laser, laser safety, skin care and other related areas. Required oversight by a licensed physician is adhered to and available to address any concerns that you may have.

Safety

All recommended and required laser safety precautions and all Aesthera PPx specific guidelines will be followed to ensure the utmost safety during your treatments. This includes the use of protective eyewear at all times while the laser is in use.

Alternatives

I am aware of alternative methods of hair removal, which include but are not limited to shaving, plucking, depilatory creams, waxing and electrolysis. I have

Kelliwood Family Practice Aesthetics Financial Policy

Thank you for selecting Kelliwood Family Practice for your aesthetic needs. Please take a moment to review our financial policy.

Aesthetic payments are due at the time of service. All package payments are due prior to your first treatment for discounts to apply. Aesthetic services are non-refundable and non-transferable. For your convenience, we accept American Express, MasterCard, Visa, cash, or personal check. In the event your personal check is returned unpaid by your financial institution a fee of \$35.00 will be assessed.

Our office will work diligently with you to schedule your treatments for mutually convenient times. We strive to ensure all our patients are given the attention and care they deserve. With that in mind, we have instituted a cancellation policy to reduce missed appointments. Our office adheres to a 24 notice policy for all appointment cancellations. If proper notice is not provided, the missed appointment will be considered a provided treatment and will reduce your aesthetic package by one treatment per missed appointment. If you have any questions regarding our financial policy, please feel free to consult Ms. Martinez at 281-398-4222. We appreciate your cooperation and thank you for selecting Kelliwood Family Practice for your aesthetic needs.
I have read and agree to the terms outlines above.

Patient Signature: _____ Date: _____

Print Name: _____

Witness: _____

Photography Release Form

During my course of treatment with Kelliwood Family Practice, photographs have been taken. I understand that by signing this document I give permission to Aesthera Corp., and/or any of its affiliates, and to others including physicians to copyright and/or use these photographs in their marketing and promotional efforts as well as possibly for educational purposes. The photographs or accompanying material will not contain my name or any other personal identifying information, but may contain images that would give away my identity.

Before signing this document, I have considered this decision carefully, I understand my decision is voluntary and that I am not required to grant the permission described herein and I do give permission for my photographs to be used by the doctor, Aesthera Corp. and/or any of its affiliates or others, including physicians for the following purposes indicated (with a check mark) unless I notify the doctor and Aesthera Corp. in writing that my photographs are not to be used for these purposes prior to their being released for the indicated uses. I have the opportunity, at my request, to review any photographs that will be used.

- teaching, including, but not limited to publication in medical literature and presentation at scientific meetings.
- training including, but not limited to publication in teaching guides or training materials for clinical training workshops.
- product advertising, including, but not limited to product brochures, presentation at tradeshow.
- other advertising, including, but not limited to posting on Internet websites or other media outlets
- advertising, promotion and patient education on behalf of our customers, including but not limited to posters, posting on Internet websites or other media outlets, patient brochures, clinical case books

Name of Patient _____ Date: _____

Signature of Patient _____

Name of Witness _____ Date: _____

Signature of Witness _____

Kelliwood Family Practice Skin Typing Evaluation Form

Score	0	1	2	3	4
What color are your eyes?	light blue, grey, green	Blue, grey or green	blue	dark brown	Brownish black
What is the natural color of your hair?	Sandy red	blonde	Chestnut/dark blonde	Dark brown	black
What is the color of your skin? (non-exposed areas)	reddish	very pale	Pale with beige tint	Light brown	Dark brown
Do you have freckles on unexposed areas?	many	several	few	incidental	none

Total for genetic disposition =

Score	0	1	2	3	4
What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never burns
To what degree do you turn brown?	Rarely or never	Light color tan	Reasonable tan	Tans very easily	Always turns dark brown
Do you turn dark brown within several hours of sun exposure?	never	seldom	sometimes	often	always
How does your face respond to the sun exposure?	Very sensitive	sensitive	normal	Very resistant	Never had any problem

Total for response to sun exposure =

Score	0	1	2	3	4
When did you last expose your face/body to sun? (include artificial exposure)	More than 3 months ago	2-3 months ago	1-2months ago	Less than 1 month ago	Less than 2 weeks ago
Did you expose the area to be treated to sun?	Never	Hardly ever	sometimes	Often	always

Total for tanning habits =

Summary

	Total for genetic disposition
	Total for response to sun
	Total for tanning habits
	Skin type

Your skin type

Skin type score	Fitzpatrick skin type
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V

PATIENT NAME: _____ DOB: _____

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LASER HAIR REMOVAL PRE-TREATMENT INSTRUCTIONS

Thank you for choosing Kelliwood Family Practice. In our ongoing efforts to provide you with the best possible service, we ask that you carefully read these pre-treatment instructions. If you have any questions about these instructions, please discuss them with us prior to treatment. To get maximum benefit from your laser treatments, it is crucial that you understand and adhere to these instructions. Failure to comply with these instructions may affect your treatment outcome and increase the likelihood or severity of complications. We are confident that, if you follow these instructions, you will be exceptionally pleased with the results of your treatments.

1. Please follow all guidelines in the Laser Hair Removal consent form. Discuss your medical history (medications, allergies, Fitzpatrick skin typing and any tendency for scarring or poor healing) with your laser technician.
2. Do not use any medication that cause photosensitivity for at least six weeks prior to laser treatments. If you are taking a prescription medication that causes photosensitivity, please contact your prescribing physician to discuss your options.
3. Avoid sun tanning or sunless tanning products for as long as possible before laser treatments (4 to 6 weeks is recommended).
4. Avoid depilatory (hair removal) creams, plucking, waxing or electrolysis for at least 6 weeks before laser treatments.
5. Do not use Accutane (or products containing isotetrinoin for at least 6 months prior to laser treatments.
6. Do not use Retin-A (or products containing tetrinoin for at least 2 weeks prior to laser treatments.
7. The treatment area must be free of any open sores, lesions, or skin infections.

On the Day of the Appointment:

1. Shave the area to be treated. If the hair in the treatment area is very sparse, please let us trim this area at the time of your treatment as this allows us to better define the treatment area.
2. Gently wash the area to be treated and do not apply any creams, lotions or other products to the area except a topical anesthetic (if being used).
3. If you have elected to use a topical anesthetic, do so only after reviewing all cautions associated with its use. Apply and use as directed prior to arrival.
4. Dress so that you may modestly expose the treatment area.

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LASER HAIR REMOVAL POST TREATMENT INSTRUCTIONS

Thank you for choosing Kelliwood Family Practice. In our ongoing efforts to provide you with the best possible service, we ask that you carefully follow these laser hair removal post-treatment instructions. If you have any questions about these instructions or require any clarification, please let us know. Following these instructions is necessary for you to get the maximum benefit from your laser treatments. Failure to comply with these post treatment guidelines may affect your treatment outcome and may increase the likelihood or severity of a complication. We are confident that if you follow these instructions, you will be exceptionally pleased with the results of your treatments.

1. You may have a mild sunburn sensation following treatment that is usually gone within a few hours. Skin redness, mild bruising and /or slight edema (swelling) are normal and may last a few days. You may take over-the-counter anti-inflammatory medication (such as ibuprofen) or home pain medication as desired. Avoid sun exposure. If sun exposure is unavoidable, you should use sunscreen (SPF 30 or greater) for 4-6 weeks following your treatment.
2. Keep the treated area clean and dry for the next several days, gently washing twice daily. The pores will be open and you should not apply heavy creams or lotions as these may plug the pores and cause complications.
3. An over-the-counter antibiotic ointment (such as Neosporin) may also be used. Itching or irritation may be improved with a light application of a steroid cream such as hydrocortisone. Ice packs or cool compresses are especially useful for the first few days. Avoid heat and do not use warm compresses. The treatment area may be left open and uncovered with no bandage or special dressing needed. Loose and comfortable clothing is recommended.
4. Do not scrub or exfoliate the treatment area for 7 days. Do not use any chemicals or medications (other than those referred to in these instructions) on the treated area for one week.
5. Please call us as soon as possible if you experience any blistering or scabbing. Contact us if you are concerned about infection, as antibiotics may be necessary. If any pigment changes are bothersome or persist beyond 4 weeks, please discuss this with us.