



JAY APPLEBAUM, M.D., INC. • WIEKE H. LIEM, M.D., INC. • KAROL DANGARAN, M.D., INC.

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Laser Hair Removal Patient Information

Pretreatment Instructions

Before treatment, patients are advised to avoid tanning and sunless tanners. Sunscreens with SPF 30 or higher should be used. No plucking, waxing, or electrolysis should be done, although shaving or depilatory creams can be used. The site to be treated may be shaved on to two days prior to laser treatment.

Laser Treatment

On the day of treatment, the area should be clean and free of cosmetics. The procedure is tolerable with little discomfort. A topical anesthetic cream called BLT can be purchased at Orange Cosmetic and Laser Center for patients who prefer to be numbed. The topical anesthetic should be applied to the site at least 30 minutes prior to treatment and can be reapplied every 15 minutes until the procedure.

In general, three or more treatments are required at each site to achieve permanent hair growth reduction (hair laser removal does not permanently stop hair growth). Darker hair responds best to the laser, while lighter hair (white, gray, or red) is less responsive.

The laser pulses feel like the snapping of a rubber band or warm pinpricks against the skin. Ideally, the immediate response is vaporization of the hair shaft. Slight swelling and redness around the hair follicles appear within a few minutes. Ice packs may be applied to the skin following treatment, and Tylenol may be taken if pain persists. If localized blistering occurs, an antibiotic ointment can be applied twice daily until healed. Patients are instructed to avoid sun-exposure and to use a sunscreen with a SPF of at least 30 for 1-3 months following treatment. Cosmetics may be applied to the treated areas as usual.

Side Effects

Side effects of hair laser removal treatments may include pain, perifollicular edema (swelling around the hair follicle due to excessive fluid), and erythema (redness and inflammation) lasting 1-3 days. Blistering, herpes simplex breakouts, and bacterial infections also can occur. Temporary skin lightening or darkening, especially in darker skin types, or patients with a recent tan, may be seen. Permanent skin pigment change or scarring is very rare. Loss of freckles or lightening of moles in the treatment area may occur, as well as darkening or lightening of tattoos.

Laser Hair Efficacy

The percentage of hairs removed per session varies in different body locations, with areas of thin skin (for example, bikini and armpits) generally showing a better response than areas of thick skin (for example, the back and chin). Approximately 10-25 percent reduction in hair growth can be expected with each treatment. Treatments are repeated every four to eight weeks. The hair that re-grows tends to be lighter and finer in texture.



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Laser Hair Removal Aftercare Instructions

1. Immediately following treatment, a chilled Aloe Vera gel will be applied to the treated area.
2. Once home, a cool compress or ice pack can be applied to the treated areas. Over the counter hydrocortisone cream and Aloe Vera gel can be applied to the area as well.
3. For pain relief, Tylenol can be taken every 4-6 hours as needed.
4. Treated hairs should fall out in 10-21 days (results may vary).
5. DO NOT shave, wax or pluck for 3 days following treatment. After 3 days you may shave but avoid waxing or plucking during the course of your treatments.
6. Wear sunscreen with at least SPF 30 everyday for the next 3-6 months.
7. If increased pigmentation occurs in treated areas your doctor will prescribe a bleaching cream that can be used twice daily. Pigmentation should improve over the course of several months.
8. If you have any concerns or questions please do not hesitate to call your doctor at 714-538-8556.



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Laser Hair Removal Patient Consent

Patient Name: _____ **DOB:** _____

Treatment Site(s): _____

I duly authorize Dr. _____ to perform an Alexandrite Laser Hair Removal procedure and any other measures which in his/her opinion may be necessary.

I understand that the Alexandrite is a device used for laser hair removal and that clinical results may vary in different skin and hair types. I understand that there is a possibility of short term effects such as reddening, blistering, scabbing, temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me. _____

Pt. Initials

Clinical results may vary depending on individual factors, including medical history, skin and hair type, patient compliance, pre/post treatment instructions, and individual response to treatment. I understand that hair removal with the Alexandrite Laser is a safe alternative to other methods used for unwanted hair such as shaving, waxing, and electrolysis.

I understand that treatment by the Alexandrite laser hair removal system involves a series of treatments and the fee structure has been fully explained to me. _____

Pt. Initials

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final 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. _____

Pt. Initials

I confirm that I am not pregnant at this time, and that I have not taken Accutane/Isotretinoin within the last 6 months. I do not have a pacemaker or internal defibrillator.

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 every opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature

Date

Witness