Nemerofsky Plastic Surgery

PATIENT CONSENT FORM

FOR LIGHT BASED HAIR REMOVAL

I am aware of the following possible experiences/risks: DISCOMFORT – Some discomfort may be experienced during treatment. REDNESS/SWELLING/BRUISING – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising. PIGMENT CHANGES (Skin Color) – During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is susually temporary, but, on a rare occasion, it may be permanent. WOUNDS – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office. INFECTION – Infection is a possibility whenever the skin surface is disrupted, although proper wour care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness please call our office973-784-1024 SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instruction carefully. EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep the shields on at all times during the treatment in order to protect your eyes from injury. The following points have been discussed with me: Potential benefits of the proposed procedure Possible alternative procedures such as electrolysis, waxing, plucking and depilatories Probability of success Reasonably anticipated consequences if the procedure is not performed Most likely possible complications/risks involved with the proposed procedure and subsequent healing period Post-treatment instructions For women of childbearing age: By signing below I indicate that I am not pregnant. Futhermore, I agree to keep DrNemerofsky and staff informed should I become pregnant during the course of treatment. ACKNOWLEDGMENT BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ	I hereby authorize Dr. Nased hair removal on me. I unde hairs. For this reason, complete of understand that I will require sever I also understand some people me that it is only effective on hair wit genetics, hormones, and hair colors.	rstand that this procedure destruction of all hair followed treatments to obtain a may not experience complete th color and does not treat	works on the growing icles from any one tro- significant, long-term ete hair loss even with white, grey, blond, or	hairs and not on dormant eatment is unlikely, and la reduction of hair growth h multiple treatments and red hair. I understand that
 Potential benefits of the proposed procedure Possible alternative procedures such as electrolysis, waxing, plucking and depilatories Probability of success Reasonably anticipated consequences if the procedure is not performed Most likely possible complications/risks involved with the proposed procedure and subsequent healing period Post-treatment instructions For women of childbearing age: By signing below I indicate that I am not pregnant. Futhermore, I agree to keep DrNemerofskyand staff informed should I become pregnant during the course of treatment. Photographic documentation will be taken. I hereby dodo notauthorize the use of my photograph for teaching purposes. ACKNOWLEDGMENT BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LIGHT BASED HAIR REMOVAL TREATMENT, AN THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME. 	 DISCOMFORT – Some discomposed in the surrounding skin. This is wounder, please call our office. INFECTION – Infection is a care should prevent this. If please call our office — 973-7 SCARRING – Scarring is a minimize the changes of scarafully. EYE EXPOSURE – Protect 	omfort may be experienced JISING – Short term remay occur. There also may a Color) – During the healing (hypopigmentation) or dusually temporary, but, or esult in burning, blistering possibility whenever the signs of infection development of the second result in burning, blistering possibility whenever the signs of infection development of the second result in the second result in the second result in the second result in the second result is a second result in the s	dness (erythema) or be some bruising. ng process, there is a arker (hyperpigmental a a rare occasion, it may a, or bleeding of the tre- kin surface is disrupted p, such as pain, heat possibility if the skir that you follow all p	possibility that the treated tion) in color compared to ay be permanent. eated areas. If any of these d, although proper wound, or surrounding redness, a surface is disrupted. To cost-treatment instructions important to keep these
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Signature-Patient or Guardian Print Name/Relationship Date	BY MY SIGNATURE BELOW, CONTENTS OF THIS PERMISSI	I CERTIFY THAT I HA ON FORM FOR LIGHT	VE READ AND FUL BASED HAIR REMO	
	Signature-Patient or Guardian	Print Name	e/Relationship	Date

Print Name

Signature-Witness

Date