



PRE AND POST CARE FOR LASER HAIR REDUCTION & PROCEDURES

PRE:

- **Avoid the sun for 4-6 weeks before and after treatment**
- **Avoid electrolysis, plucking, and/or waxing for 6 weeks prior to treatment**
- **If you have a history of herpes, prophylactic antiviral therapy must be started the day before treatment and continued one week after treatment.**
- **The use of tanning creams, tanning beds, or bronzers must be discontinued before and during treatments.**

POST:

- **Immediately after treatment there may be erythema (redness) and edema (swelling) at the treatment site. This usually lasts 2 hours or longer. The erythema may last up to 10 days. The treatment area may feel like a sunburn for a few hours after the treatment, but it will subside.**
- **Apply ice as needed.**
- **Hydrocortisone may be used for 3-5 days post treatment.**
- **No heat, such as saunas, steam rooms, Jacuzzis, extremely hot showers, or strenuous activities. No prolonged heat for a minimum of 48 hrs. post treatment.**
- **Avoid sun exposure to prevent hypo-pigmentation and hyper-pigmentation.**
- **Avoid picking or scratching the treated areas. Please do not use any hair removal products or similar treatments (i.e. electrolysis, plucking, or waxing). Those will disturb the hair follicle. Shaving is permitted.**
- **Up to 2 weeks post treatment you will notice shedding of the treated hair. This is not new growth. You can clean and remove the hair by washing or wiping the area with a wet cloth.**
- **Treat your skin gently for at least 24 hours after your treatment.**

I have read and understand the pre and post treatment instructions.



Client Signature: _____

Date:

Print Name: _____

Date:

Provider Signature: _____

Date:

Print Name: _____

Date:

CONSENT FOR PULSED LIGHT/LASER TREATMENTS

I give my consent and authorization to Central MediSpa to treat me with cosmetic laser and/or pulsed light modalities. This includes, but is not limited to, photo facials, fractional laser skin resurfacing, laser and intense pulse light hair removal, light-based treatment of pigmented or vascular lesions, intense pulse light acne reduction, and laser tattoo removal.

I understand that these procedures are purely elective, that the results may vary with each individual, no guarantee can be provided in regards to the outcome of medical procedures such as these, and multiple treatments may be necessary to achieve maximum results.

I acknowledge and understand that:

- **Serious complications are rare, but possible.**
- **Common side effects include temporary redness and mild “sunburn” like effects that may last anywhere from a few hours to 3-4 days.**
- **Pigment changes, including hypo-pigmentation (lightening of skin) or hyper-pigmentation (darkening of skin) lasting 1-6 months or longer, may occur.**



- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Laser and intense pulse light treatments can cause eye injury and protective eyewear must be worn during all treatments.
- I understand that sun or tanning lamp exposure and not adhering to post care instructions provided by Central MediSpa may increase my chances of complications.

I consent to photographs being taken for use in the following ways: resolution of treatment effectiveness, medical education and training, marketing, media stories, advertising and other sales purposes. Initials [REDACTED]

I acknowledge that pre and post treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment(s).

Client Signature: _____ Date: _____

Print Name: _____ Date: _____

Witness Signature: _____ Date: _____

Print Name: _____ Date: _____



Treatment Sheet

Patient: _____ Date: _____ Treatment # _____ Cost: _____
 \$ _____



Equipment 1: _____ Hand piece: _____ Area(s): _____

Equipment 2: _____ Hand piece: _____ Area(s): _____

Reason for visit:

- | | | |
|------------------------|--------------------------|------------------------|
| ____ Sun Damage | ____ Skin Tags | ____ Chemical Peel |
| ____ Melasma | ____ Wrinkle Reduction | ____ Microdermabrasion |
| ____ Skin Rejuvenation | ____ Acne | ____ Tattoo Removal |
| ____ Skin Tightening | ____ Acne Scarring | ____ Vein Reduction |
| ____ Hair Removal | ____ Cellulite Reduction | ____ Teeth Whitening |
- Sun Exposure? Yes No Medical/Med Changes? Yes No Recent Injections? Botox Fillers None

<p>Test Spot:</p> <p>used)</p> <p>Area: _____</p> <p>Setting: _____</p>	<p>Area Treated: Face (Check areas that apply with corresponding settings)</p> <p>Full Face: _____</p> <p>Chin: _____</p> <p>Upper Lip: _____</p>
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Response: _____ Beard: _____

Tech Initials: _____ Neck: _____

Other: _____

Area Treated: Body

