CONSENT FOR GENTLELASE LASER THERAPY FOR HAIR REMOVAL

1. The purpose of this treatment is to attempt to reduce or eliminate unwanted hairs. I understand that the results from this treatment vary with each individual. Initial________

2. The GentleLASE laser produces an intense burst of light that is absorbed by the hair follicle without causing damage to the surrounding tissue. All persons in the treatment room will wear protective eyewear to prevent damage from this intense light. Initial________

3. The sensation of the light is uncomfortable and may feel like a moderate to severe pinprick or burst of heat that lasts for only a few seconds. If Dr. Rotter elects to use some form of anesthesia, my options will be discussed with me. Initial________

4. I am aware that no guarantee of permanence can be made. Initial________

5. Multiple treatments are necessary. The average is about 12 treatments to reduce the hair 80% depending on the individual and body area treated. Initial________

6. I have been informed of the possible complications:
   - Blistering Initial________
   - Scarring Initial________
   - Hyperpigmentation (darkening of the skin) Initial________
   - Hypopigmentation (lightening of the skin) Initial________

7. I understand that sun exposure and not adhering to the post laser skin care instructions may increase my chance of complications. Initial________

8. I am aware that I cannot have a tan before or after receiving laser treatments. Initial________

9. I acknowledge that I cannot be pregnant when I am receiving laser treatments. Initial________

10. Following treatment, the area should be treated delicately - No rubbing or scratching. Initial________

11. If complications do occur, it is my responsibility to inform Dr. Rotter and show the area to Dr. Rotter. Initial________

12. I certify that I have read and understood all information presented to me before signing this consent form. I have also been given the opportunity to ask questions. Initial________

    I authorize Dr. Rotter or his appointee to perform GentleLASE laser hair removal therapy.

Patient's Signature:____Date:___________________

Witness:____Time:__________________
(To Patient's Signature)