

Arnold D. Panzer, MD
Aesthetic Skin Care
986 Sunrise Highway
North Babylon, NY 11703
(631) 587-6060 fax: (631) 661-6358
www.panzerhealthyskin.com

Informed Consent for Laser Hair Removal

Patient Name: _____

Clinician: _____

I hereby authorize and direct any associates or assistants of Dr. Arnold Panzer to perform laser assisted hair removal on me. I understand that this procedure works on the growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is unlikely, and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand some people may not experience complete hair loss even with multiple laser procedures.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, crusting, scarring, change in skin color, and/or blistering.
- Post treatment instructions.

I am aware of the following possible experiences/risks with Laser Surgery.

- DISCOMFORT- Some discomfort may be experienced during laser treatment.
- WOUND HEALING- Laser Surgery can result in swelling, blistering, crusting, or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
- BRUISING/SWELLING/INFECTION- With some lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, whenever a skin procedure is performed.
- PIGMENT CHANGES (skin color)- During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- SCARRING- Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE- Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

ACKNOWLEDGEMENT

I understand and acknowledge that payments for the above procedure are non-refundable. By my signature below, I certify that I have read and fully understand the contents of this permission form for laser hair removal treatment, and that the disclosures referred to herein were made to me.

Signature-Patient or guardian

Print Name/Relationship

Date

Signature-Witness or Representative

Print Name/Relationship

Date

Arnold D. Panzer, MD
Aesthetic Skin Care
986 Sunrise Highway
North Babylon, NY 11703
 (631) 587-6060 fax: (631) 661-6358
 www.panzerhealthyskin.com

Patient Consultation Form for Laser Treatment

Date: _____

Patient Name: _____ Age: _____ DOB: _____

Chief Complaint: _____

Past Medical History: _____

Surgical History: _____

Pregnancy Status: _____

Medications: _____

Allergies: _____

History:	Yes	No	Explanation or date of last exposure
Waxing/Plucking	X	X	_____
Electrolysis	X	X	_____
Acutane/Retin A	X	X	_____
Cold sores/herpes/shingles	X	X	_____
Previous laser treatment	X	X	_____
Keloids	X	X	_____
Collagen filler	X	X	_____
Chemical peels	X	X	_____
Photosensitivity	X	X	_____
Diabetes	X	X	_____
Hirsutism	X	X	_____
Burns	X	X	_____
Skin Graft	X	X	_____

Circle one:

- Benefits of procedure discussed YES NO
- Contraindications reviewed: YES NO
- Risks reviewed (pigment changes, bruising, swelling, infection, scarring, reappearance of vessels, blistering)
 YES NO
- Probability of success reviewed: YES NO
- Patient educated about anticipated consequences if treatment is not performed; and alternative procedures available:
 YES NO
- Verbal and written post-treatment instructions given to patient:
 YES NO
- Famvir RX given: YES NO
- Next appointment scheduled: YES NO Date: ____/____/____

Comments:

Signature of consultant: _____

Date: _____

Arnold D. Panzer, MD
Aesthetic Skin Care
986 Sunrise Highway
North Babylon, NY 11703
(631) 587-6060 fax: (631) 661-6358
www.panzerhealthyskin.com

What to Expect After Laser Hair Removal Treatment

1. Avoid bathing or washing with very hot water. Use tepid water.
You may feel like you have a mild to moderate sunburn. Minor crusting or minor peeling of the surface layers of the skin is not usual. Over the counter Hydrocortisone Cream and Aloe Vera Gel may help with redness or inflammation of your skin.
2. Keep the area clean. Wash gently.
3. Avoid direct sun exposure after your treatment. If you do go in the sun, protect the treated area with a sunscreen of 30 SPF or higher.
4. Do not shave the treated area for at least 4 days after treatment. Do not wax, pluck or use depilatories for the hair that grows back. After laser treatment, hair may continue to grow out as if it were never even treated. Typically, this will occur for about 2 weeks, and then these hairs will simply begin to fall out.
5. Avoid any irritating medications or chemicals, particularly on the face. Examples of these are Retin-A, Benzoyl peroxide, glycolic acid or astringents.

If you have any questions, contact our office.

Thank you.

Arnold D. Panzer, MD

Arnold D. Panzer, MD
Aesthetic Skin Care
986 Sunrise Highway
North Babylon, NY 11703
 (631) 587-6060 fax: (631) 661-6358
 www.panzerhealthyskin.com

Skin Typing Form

NAME: _____

Score	0	1	2	3	4
What is the color of your eyes?	Light blue, Gray, Light Green	Blue, Gray or Green	Dark Blue or Hazel	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 score for **Genetic Disposition** _____

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tans easily	Turns dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for **Reaction to Sun Exposure** _____

Score	0	1	2	3	4
When was the last time you exposed your body to the sun, tanning beds or self-tanning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
How frequently do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for **Tanning Habits** _____

SUMMARY

_____	Total score for Genetic Disposition
_____	Total score for Reaction to Sun Exposure
_____	Total score for Tanning Habits
_____	Skin Type Score

YOUR FITZPATRICK SKIN TYPE

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V - VI

FITZPATRICK CLASSIFICATION OF SKIN TYPES

Type I	Always burns, never tans
Type II	Always burns, sometimes tans
Type III	Sometimes burns, always tans
Type IV	Rarely burns, always tans
Type V	Moderately pigmented
Type VI	Black skin

*Arnold D. Panzer, MD
Aesthetic Skin Care
986 Sunrise Highway
North Babylon, NY 11703
(631) 587-6060 fax: (631) 661-6358
www.panzerhealthyskin.com*

Laser Technician

Treatment Site _____

Hair Density _____ Hair Texture _____ Hair Color _____

TX Hx _____ Pretx. Instr. _____ Skin Type _____

Last Sun Exposure _____ Fees _____

Notes:
