I hereby authorize Derm Bar, under Dr. Paul's supervision to perform light based hair reduction on me. I understand that this procedure works on the growing hairs (anagen stage) and not on dormant hairs. I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I understand I may experience fewer, thinner, lighter, slower re-growth of hairs, temporary hair loss or permanent hair reduction. I understand that it is only effective on hair with color and does not treat white, grey, blond, or red hair. I understand that genetics, hormones, medication and hair color may interfere with hair loss and that I may not respond at all.

(Initial____)

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT** – Some discomfort may be experienced during and after 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.
- **SKIN COLOR CHANGES** – During the healing process, there is a possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- **WOUNDS** – Treatment can result in burning, blistering of the tissue surrounding the treated area, or bleeding of the treated areas. Crusting or scab formation of ingrown hairs might occur. If any of these occur, please call our office.
- **INFECTION** – Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office (530)342-2672.
- **SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions provided by your healthcare staff.
- **PARADOXICAL HAIR GROWTH** – Stimulation of terminal hair growth following photolysis can occur within or adjacent to treated area.
- **EYE EXPOSURE** – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me.
- Alternative treatments such as electrolysis, waxing, plucking and depilatories.
- Reasonably anticipated health consequences if the procedure is not performed.
- Possible complications/risks involved with the proposed procedure and subsequent healing period.

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. Vimali Paul and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do____/do not____ authorize the use of my photographs for teaching purposes.

**ACKNOWLEDGMENT**

I, the undersigned, consent and authorize the doctors, Registered Nurses at the Derm Bar med-spa and the office of Dr. Vimali Paul MD to perform my procedure. I understand that photographs taken to document my progress may be used for publication or teaching purposes, however my identity will remain confidential. No refunds will be given for treatments received.

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

_________________________  ______________________  ______________________
Signature-Patient or Guardian  Date  Print Name/Relationship

_________________________
Signature-Witness

_________________________  ______________________  ______________________
Print Name  Date