



TREATMENT INFORMATION

Contraindications for permanent hair removal with alexandrite/ YAG lasers and IPL (intense pulsed light)

Absolute contraindications

(Circumstances that directly prevent treatment)

- The treatment must not be administered to individuals who are using topically or taking orally steroidal or non-steroidal anti-inflammatory medication: The treatment induces a desired mild "subclinical" inflammation. Steroids and anti-inflammatory agents counteract this inflammation and therefore, may reduce the treatment's effectiveness or even render it ineffective.
- The treatment must not be administered to individuals with skin cancer and/or other cancers. If in doubt, a doctor must be consulted.

Relative contraindications

(Circumstances where treatment can only be administered after weighing up the benefits and risks for the specific individual case)

- Individuals with diseases, conditions, disorders, or hereditary conditions that may cause photosensitisation (hypersensitivity to light) within the bandwidth emitted by the respective device.
- Individuals who are being treated with anticoagulants (blood clotting inhibitors) or other medications or agents that can lead to photosensitisation (hypersensitivity to light) that is within the bandwidth emitted by the respective device.
- In individuals who are taking medication, particularly medication that affects the hormone balance, the treatment may be less effective or even ineffective.
- Individuals with chronic diabetes, as diabetes can impair the healing process of the skin.
- Individuals with heavily sun-tanned skin.
- Individuals with an infection or a febrile illness.

- Individuals who have smoked tobacco within the last 4 hours prior to treatment, as tobacco causes blood vessel contractions.
- Individuals who have been treated with gold injections (non-proprietary name doxorubicin), where some of the contents may have leaked into the epidermis or may have inadvertently entered the epidermis (e.g. by overflowing from the syringe). This is visible as a dark area (grey tissue), which can absorb light energy.
- The treatment must not be carried out if the area to be treated is affected by active herpes.
- An interval of 6 weeks should be observed after treatments with hyaluronic acid, and 4 weeks after treatments with Botox.

Additional notes on contraindications

Although not specifically mentioned in the contraindications, pregnant women or individuals with pacemakers are generally not treated. Individuals with implants of any kind in the area to be treated should only be treated with caution.

Areas to be omitted or covered

Tattoos, permanent make-up (PMU), nevi (e.g. moles, liver spots, marks of any kind), psoriasis or active neurodermatitis.

Please note

Despite all due care, this list of contraindications cannot be regarded as complete and exhaustive. In individual cases and in cases of uncertainty regarding specific medical indications, it may therefore be advisable to consult a doctor before starting treatment.

TREATMENT INFORMATION

INFORMATION AND CONSENT

for permanent hair removal with alexandrite/ YAG lasers and IPL

The alexandrite/ YAG lasers and IPL (intense pulsed light) are medical hair removal technologies that produce an intense beam of light at a specific wavelength. Unwanted hair growth can be caused by medical conditions such as hypertrichosis and hirsutism, as well as other disorders. Treatments with laser and IPL systems do not cure medical causes of unwanted hair growth. The purpose of the treatment is to achieve cosmetic improvements through hair removal by using the technologies to cut off the supply of nutrients to the hair follicles.

I hereby authorise the treatment provider and any assistant/ representative appointed by them to treat me with the above hair removal methods. I understand that 100 percent hair reduction may not occur and that several treatments are required due to the individual growth cycle of the hair.

I also understand that treating unwanted hair with IPL or laser technology may require multiple sessions to achieve optimal results. The treatment provider has informed me about alternative forms of treatment, and I am aware that other types of hair removal treatment, or indeed not undergoing treatment, are my alternative options.

It has been explained to me that every cosmetic or medical intervention involves certain side effects and that the side effects listed in the following are not exhaustive.

1. Post-treatment side effects, such as erythema (reddening of the skin) and perifollicular oedema (swelling of the hair follicles), may occur and persist for up to 10 days after the treatment.
2. In rare cases, a slight sunburn sensation and, in extreme cases, crust and/or blister formation may occur after treatment.
3. Temporary hyper- or hypopigmentation (increase or reduction in skin colour) may occur, which will usually resolve after 3 to 6 months.
4. Hair may regrow or turn into vellus or lanugo hair.

I am prepared to follow the treatment provider's recommendations to ensure the best possible treatment result. I understand that sun exposure and excessive heat must be avoided for at least 30 days before and after treatment, and SPF 50 sunscreen must be used on uncovered skin areas. Failure to do so may result in blotchy skin pigmentation - hyper- or hypopigmentation.

I agree to comply with all recommendations while undergoing treatment, and I am aware that a lack of co-operation may lead to a less than optimal treatment result.

DECLARATION OF CONSENT

I hereby confirm that I have provided all information completely and truthfully, that I have read and understood this consent form in full, I have had the opportunity to ask questions, and they have been answered to my satisfaction, and that I have a good command of written and spoken English. I have fully understood the treatment conditions and the course of treatment and have received a copy of this form for my information. Following the instruction in which I have been informed, in particular, of any existing risks, I expressly agree to the treatment being carried out by the treatment provider and any assistant/representative appointed by them.

Place, date

Treatment provider's signature

Client's signature

Client's name in block letters