Hayes Clinic
520 N. Collegiate Dr. Paris, Tx 7546 903-784-1608

INFORMED CONSENT FOR TREATMENT for
PERMANENT HAIR REDUCTION and PSEUDO FOLLICULITIS(PF)

This consent form includes a general description of a dermatological treatment, including possible benefits and risks that may occur as a result of this treatment. Your doctor or nurse will describe and discuss the specific details of your procedure with you and answer your questions.

Please read the applicable sections of this consent form carefully. This form may contain words that are unfamiliar to you. Please ask your doctor or one of his staff to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

PROCEDURES

The laser or Intensed Pulsed Light system is designed to target and destroy the hair follicle. The procedure involves shaving the hair in the area to be treated. A topical anesthetic may be applied to reduce discomfort associated with treatment. Photographs of the treatment area are recommended for your chart and future comparison.

Possible benefits of this treatment are delayed re-growth of the hair, lightening of the hair, decreased density of the hair and long term or permanent reduction in the number of hairs growing in the treatment areas. Multiple treatments are required to achieve hair reduction. Short-term redness and some (edema) swelling may be expected.

Possible risks or discomforts (side effects) may include pain, burning, blister formation, and stinging sensation, infection, pigmentary changes including decrease or increase in skin color at the site of treatment, scar formation, laser/Intense Pulsed Light induced "cold-sore-like" blistering, skin eruptions known as "herpetic" skin eruptions at the site of treatment and poor cosmetic outcome. Recurrence of hair growth at treatment sites is also a possibility. **Initial:**_____ **Date:**_____

GENERAL RISKS

Eye injury due to use of the laser or Intense Pulsed Light system is a risk to the patient and to the clinician, however, the risks are dramatically reduced *(almost completely eliminated)* with the correct use of proper eyewear.
Initial:_____ **Date:**_____

Please read and initial the following:
My signature below constitutes my acknowledgement that I, _____am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that:

_____ I have read and understand the information provided in this form.
_____ I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.
_____ I have received all of the information I desire concerning my procedure.
_____ I give permission for before and/or photographs to be taken of the areas treated and said photographs to be used for promotional and/or educational purposes by Gaylen G. Hayes, D.O.
_____ I fully understand all post treatment reccomendations and agree to adhere to them.
_____ I freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure.
_____ I have the right to or refuse any procedure at any time prior to its performance.
_____ I must notify Gaylen G. Hayes, D.O. and/or clinicians if my medical history changes prior to subsequent treatments.

Patient Name *(Please Print)*	**Date**	**Patient Signature**	**Date**
Gaylen G. Hayes, D.O	**Date**	**Witness**	**Date**

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PERMANENT HAIR REDUCTION and PSEUDO FOLLICULITIS(PF) TREATMENT PLAN

Pre-treatment Instructions:

- **Apply SPF45** sun block to treatment areas that are exposed to the sun. You may improve your results by limiting exposure to the sun, tanning beds or tanning lotions for four weeks prior to treatment.
- **Inform us** if you have taken Tetracycline or Zithromax in the past month or if you have taken **Accutane** in the past year or are planning to begin taking any of these.
- **Do not shave** area to be treated for two weeks prior to treatment; you may closely clip the area. **The morning of the treatment**, gently shave the area to be treated.
  (We can shave and prep you at the regular hourly rate. Schedule additional time for prep with the front desk.)
- **Apply** topical anesthetic before coming in for your appointment if directed to do so.
- **Do Not** wax, tweeze or have electrolysis and do not use hair removal lotions or hair bleach for four weeks before treatment.
- **Discontinue** all Retin-A, Renova, glycolic acids, vitamin C products and anything else which can be irritating, for three days before treatment.
- **Remove** any makeup, lotions, deodorant/antiperspirant and cleanse and dry area to be treated prior to treatment.

Post Treatment Instructions:

- **Apply** SPF45 sun block on all treated areas that may be exposed to the sun for a minimum of two months. Avoid prolonged sun exposure to treated area.
- **Clip hair** for one week after treatment. Shaving or using clippers are the only acceptable methods of hair removal between treatments.
- **Wash** treatment area with a gentle cleanser, use cool or tepid water and pat dry.
- **Do not use** Retin-A or glycolics or other irritants for five days post treatment.
- **If prescribed**, continue use of anti-viral medication.
- **Call us** 48 hours before your next appointment if there is no hair re-growth in treated area
- **Apply** 1% hydrocortisone cream to treatment area if directed to do so.

Post Treatment Expectations:

- **Hair loss and reduction of inflammation** will be most evident ten days to two weeks after treatment. After your treatment you may expect a mild sunburn sensation that typically lasts 2-3 hours and redness and swelling that may last one day. To treat these side effects, you may apply cold compresses.
- **Please call us** at the first sign of persistent pain or blistering.
- **Inform us** of any changes in your medical or tanning history at each visit and inform us if you become pregnant.

HAIR REMOVAL AND PF TREATMENT SCHEDULE *These rules are general in nature. Generally patients will see a significant reduction in hair in 6-10 treatments. Explain that they will need maintanence treatments on remaining hair at longer intervals.*

For **Facial hair**, *treat every 4 weeks.* (Facial hair in the upper lip and chin area are the most difficult areas to treat sucessfully and may require more treatments than in other parts of the body.)

For **Truncal hair**, (underarms, linea nigra, bikini line, chest, back) *treat every 8 weeks.*

For **Extremity hair**, (legs, arms) *treat every 12 weeks.*

Note: These times are approximate. If the patient has not seen a starting regrowth of hair 48 hours prior to scheduled treatment, advise them to cancel the appointment and reschedule when they see a regrowth of hair. If the patient sees significant hair regrowth prior to scheduled appointment, have them call the office and make an appointment for hair removal immediately.

After a series of treatments, the patient will notice the hair regrowth as finer and lighter in texture and color. The parameters will change from the coarse hair to the fine hair parameters (use of the Vesistat I handpiece at the 4.6mm setting)

Advise the following patients: Male, Poly cystic Ovary, on hormones, or on medications that cause hair growth; that they will require more treatments to effect a change in density. Follow these patients carefully and photograph them prior to their treatments (ask them not to shave prior to their appointment).

Patient Name *(Please Print)* **Date**	**Patient Signature** **Date**
Gaylen G. Hayes, D.O **Date**	**Witness** **Date**