

## VENUS VERSA HAIR REMOVAL CONSENT FORM

1. No plucking, waxing, or depilatory of hair for a minimum of 2 weeks prior to your first treatment only. We ask that you refrain from any plucking, waxing, depilatory or bleaching during the laser treatment process; these methods will interfere with the laser treatment and may result in requiring more treatments to achieve desired results. (Shaving is permitted during laser treatments.)
2. Please remove makeup, deodorants, and lotions in the treatment area prior to treatment. Ladies: If you are treating your bikini area, please wear white underwear, because the laser energy is absorbed by color.
3. Shave 8-24 hours prior to your first treatment.
4. We recommend no sun exposure 4 weeks prior to, during, and after any laser treatment for the best results and fewest side effects.
5. If you've started any antibiotics or any other medications that may make you photosensitive, please let us know. We may have to reschedule your appointment. Also notify the RN/Tech if there has been any change in your health status (new medications, heart condition, etc.).
6. If self-tanner is used, you should wait 2 weeks after application to avoid any discoloration. If sun exposure is unavoidable, use a minimum SPF 30 SUNSCREEN (UVA/UVB).
7. For maximum desired results, multiple treatments will be required at regular scheduled intervals. (Touch-up treatments may be required).

### Cancellation Policy:

It is important to call if you are unable to make your appointment. We require at least 24 hours' notice. There will be a minimum fee of \$75.00 for anyone that fails to show or does not cancel at least 24 hours prior to a scheduled appointment. We have invested a great deal of money into the most advanced lasers and medical staff to provide you with the best results.

I acknowledge the following:

I have no sun-tanned skin in the treatment area (and no "spray" or "fake" tanner or bronzer). I have avoided intense sun exposure for 6 weeks prior to treatment.

I am not pregnant.

I have no history of seizures or sensitivity to flashing light.

I have none of the following medical conditions that could worsen/flare with light treatments or radiofrequency such

- as:
- Pacemaker or defibrillator (no radiofrequency)
  - Lupus (no IPL/hair removal)
  - Dermatomyositis (no IPL/hair removal)
  - Porphyria (no IPL/hair removal)

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I am not taking or using any of the following medications for the last 2-4 weeks:

- o Oral antibiotics such as: **DOXYCYCLINE, MINOCYCLINE, TETRACYCLINE; ERYTHROMYCIN CIPROFLOXACIN, LEVOFLOXACIN, DAPSONE AND BACTRIM**
- o Acne treatments such as: **ISOTRETINOIN, ACCUTANE**
- o Antiaging or acne topical serums/creams like **TRETINOIN, RETINA-A, ALTRENO, RETINOL OR VITAMIN C**
- o **METHOTREXATE, PLAQUENIL (HYDROXYCHLOROQUINE), TERBINAFINE**
- o **HYDROCHLOROTHIAZIDE (A BLOOD PRESSURE MEDICATION)**
- o Anticoagulants such as **ASPIRIN, NSAIDS (IBUPROFEN, MOTRIN, ALEVE, ADVIL, EXCEDRIN)**
- o High dose vitamin such as **VITAMIN E, VITAMIN C, OMEGA 3'S OR FISH OIL (MULTIVITAMIN IS OK)**
- o Prescription anticoagulants such as **XARELTO; COUMADIN; HEPARIN; PLAVIX**

\_\_\_\_ I do not have a history of herpes or "cold sores"/"fever blisters" at/near treatment site (or if you do: I have started an oral antiviral prescription medication at least > 1 day prior to treatment and will keep taking for 3-5 days following)- for example: this could be Valtrex/valacyclovir at 500 mg 1-3 times a day typically for 5 days.

\_\_\_\_ Today I have clean (recently gently washed) skin in the treatment area (i.e. no makeup, sunscreen, lotion, cream, deodorant, etc.).

\_\_\_\_ For hair removal: I shaved within the last 24 hours (i.e., less than 1 mm to root).

\_\_\_\_ Previously, I was informed that I could purchase LMX 4 cream and apply a thin layer to the specific treatment area no sooner than 30 minutes prior to appointment; to minimize discomfort. Ice will also be offered before and after.

\_\_\_\_ I will minimize trauma to the treatment area for the following 1-2 weeks - not shaving or exfoliating the area. I will bandage if necessary and apply Vaseline or Polysporin or dilute honey regularly to encourage healing of the skin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_