

HAIR REDUCTION INFORMED CONSENT

The Quantum HR is an intense pulsed light (IPL) device used for the treatment of unwanted hair (photo-epilation). The exposure duration and energy levels of Quantum IPL are chosen to selectively damage targeted hair follicles with minimal damage to the surrounding tissue. The light is absorbed by the hair follicles, resulting in their heating. The follicles are damaged and these damaged follicles result in epilation. The exposure duration and energy levels of the intense pulsed light are adjusted to maximize heating to hair follicles and limit exposure to surrounding tissue.

Contraindications may include pregnancy, use of medications that increase photosensitivity, diabetes, and a history of keloid scarring. Also, recent sun exposure or planned sun exposures are contraindicated. Quantum IPL therapy may consist of multiple treatments given over several months, with gradual clearing occurring over this time. Multiple treatments are required because only hairs in the active growth phase can be permanently reduced. Multiple treatments allow time for hairs to come in to the growth phase for permanent reduction. Clinical results may vary in different skin types and with different hair colors and location.

The FDA defines hair reduction as the following:

“Permanent hair reduction is defined as long-term stable reduction in the number of hairs re-growing after a treatment regime. The number of re-growing hairs must be stable over a time greater than the duration of the complete growth cycle of hair follicles, which varies from 4 to 12 months, depending on the site on the body.”

I understand that I will require a series of 4-6 treatments over a period of time in order to achieve maximum hair reduction as a result of the normal hair growth cycle.

_____ (Please initial)

I understand that there is possibility of rare side effects such as scarring and permanent discoloration, as well as short-term effects such as reddening, mild burning, temporary bruising, and temporary discoloration of the skin. These side effects have all been fully explained to me.

_____ (Please initial)

I understand that the treatment of Quantum IPL involves payment and the fee structure has been explained to me. Further, I understand that no specific expectation of clinical results have been promised or warranted.

_____ (Please initial)

I also understand that there are other options such as electrolysis, waxing, and chemical preparations, which are available, and those methods have been fully explained to me.

_____ (Please initial)

I do ___ do not ___ give my permission for photographs and other audio-visual and graphic materials to be used by Medicus VeinCare for marketing, educational – promotional purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature: _____

With this in mind, I am choosing to try Quantum IPL, a non-invasive treatment for epilation. I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

Patient Name: _____ Signature: _____

Witness: _____

Date

Steven Tidwell, M.D./Heidi Garguilo, ARNP