GentleLase

Status: active Form type: default Company: Acme Inc

GENTLELASE

GentleLase is a medical-grade laser hair removal treatment that uses an Alexandrite laser to target and destroy hair follicles by emitting a specific wavelength of light absorbed by the pigment (melanin) in the hair. It is most effective on individuals with light to medium skin tones and dark hair. GentleLase can be used on various areas of the body including the face, legs, underarms, bikini line, back, and chest. The aims and motivations for having the procedure and the desired outcome are to achieve a long-term reduction in unwanted hair growth, smoother skin, and reduced need for shaving, waxing, or plucking. The risks inherent in the procedure include temporary redness, swelling, mild discomfort during the procedure, blistering, skin crusting, hyperpigmentation (darkening of the skin), hypopigmentation (lightening of the skin), scarring, and, rarely, burns or infection. Eye injury can occur if protective eyewear is not used. The risks inherent in refusing the procedure include continued hair growth in unwanted areas, ongoing costs and time required for temporary hair removal methods, and possible skin irritation from shaving or waxing. The risks specific to me may include increased sensitivity, slower healing, or pigmentation changes if I have darker skin, a history of keloid scarring, certain skin disorders, recent tanning, or if I take medications such as isotretinoin or photosensitising drugs. The expected benefits of the treatment are significant hair reduction in treated areas, finer regrowth if it occurs, and smoother skin. The potential disadvantages of the treatment include the need for multiple sessions (typically 6–8 spaced several weeks apart), possible regrowth over time requiring maintenance treatments, and the potential for temporary side effects as mentioned above. Alternative procedures and their pros and cons include waxing (effective but temporary and may cause ingrown hairs), shaving (fast but hair regrows quickly and can cause irritation), depilatory creams (temporary and may cause skin sensitivity), electrolysis (permanent but slower and more costly per area), and other laser systems (which may vary in effectiveness depending on skin and hair type). Any uncertainties about and the likelihood of success of the procedure include that results vary by hair colour, thickness, skin tone, and hormonal factors, and complete hair removal is not guaranteed. Any follow-up treatment that may be required could include maintenance sessions to treat regrowth, skin-calming creams for temporary irritation, or additional sessions if initial results are slower to appear. Informed Consent and Photography I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.