

*Jeri Shuster, M.D., P.A.*  
*and Women's Center, Inc.*

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists  
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

**PATIENT CONSENT FORM  
FOR LASER HAIR REDUCTION**

I hereby authorize Jeri Shuster MD, Kathryn Cervi CRNP, or other individual assigned by Jeri Shuster MD, to perform laser assisted hair reduction on me. I understand that laser treatment is not an exact science and that no guarantee or assurances can be given to me concerning the results of this procedure. I understand that this procedure works on the actively growing hairs and not on dormant hairs. For this reason, complete destruction of all hair follicles from any one treatment is unlikely, and I understand that I will require several treatments to obtain a significant, long-term reduction of hair growth. I also understand some people may not experience complete hair loss even with multiple laser procedures. Periodic maintenance is recommended. Though I have been carefully screened, results are not guaranteed.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period including, but not limited to, infection, scarring, crusting, re-growth of hair, and/or blistering.
- Photographs may be taken to monitor progress.
- Post treatment instructions.

I am aware of the following possible experiences/risks with laser surgery:

- DISCOMFORT: Some discomfort may be experienced during laser treatment
- WOUND HEALING: Laser surgery can result in swelling, blistering, crusting, and/or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks or longer in some patients.
- BRUISING/SWELLING/INFECTION: With some lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility (although rare) whenever a skin procedure is performed.
- PIGMENT CHANGES (Skin Color): During the healing process, there is a slight possibility that the treated area can become either hypopigmented (lighter) or hyperpigmented (darker) in color compared to the surrounding skin. This is usually temporary, but on a rare occasion may be permanent.
- SCARRING: Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that all post-treatment instructions are followed carefully.
- EYE EXPOSURE: Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect the eyes from accidental laser exposure.

**ACKNOWLEDGMENT**

**I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON-REFUNDABLE.**

**BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER HAIR REDUCTION TREATMENT AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.**

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jeri Shuster MD / Kathryn Cervi CRNP

\_\_\_\_\_  
Date