

Δρ. Νεοφύτου Γιάννης
Ιατρός Δερματολόγος
Βασιλέως Κωνσταντίνου 6, 8021
Πάφος
Τηλ/Φαξ: 26950303

Dr Neofytou Yiannis
Dermatologist
6, Vas. Konstantinou, 8021
Paphos
Tel/Fax: 26950303

CONSENT FORM- HAIR REMOVAL

Date :

Name:

The Apogee Elite laser produces an intense burst of light that is absorbed by the hair follicle selectively. All personnel in the treatment room, including myself, will wear protective eyewear to prevent eye damage from this intense light.

The sensation of the light is uncomfortable and may feel like a slight pinprick or sensation of heat, which lasts may last for a few hours.

Following the procedure, the treated area may be red for a few hours or a few days. Blistering or burn may occur. The area should be treated delicately following treatment. Multiple procedures may be necessary. I have been informed local swelling, vesiculation, crusting, and redness or even scarring, Hypopigmentation or Hyperpigmentation transient or permanent are possible risk and complications of the procedure.

Previous sun exposure or tanning increases the possibilities of complications to appear.

I understand that sun exposure after the treatment and not adhering to the post-care instructions provided to me may increase my chance of complications.

I understand that the treatments results are not guaranteed and that medicine is not an actual science there for the results may vary according to individual case/ patient.

I consent to the taking of photographs during the course of my laser therapy.

I have read and understand all information presented to me before signing this consent. I have also been given the opportunity to ask questions.

Patient:.....

Witness:.....