

Patient Information Sheet / Consent Form

Hair Removal Treatment

Name of the Patient: _____

1. Information about the Nature of the Procedure

On _____ I was informed in a personal conversation with _____ about the nature, purpose and course of the procedure in a way I could understand. I was informed in detail about the required behaviours as well as the necessary sun protection before and after this treatment and I was informed of possible complications and risks in the time after the treatment. My personal situation was sufficiently discussed.

The treatment is for laser hair removal.

In a conversation, all contraindications must first be clarified, as well as all health problems that must be considered during the treatment. These include:

I am currently taking the following medications: None

Sun exposure in the last two to three weeks _____

Skin Diseases / Skin Treatments _____

Epilepsy _____

Wound Healing Disorders / Keloids _____

Are you currently pregnant? yes no

For the treatment, the skin must be carefully shaved and hair-free (please do not epilate for at least 3 weeks before the treatment, e.g. by plucking, epilator, etc.). Do not use self tanner before laser treatments.

Eyes must be protected with the provided protective goggles.

The treatment is experienced differently from person to person. Most describe it as slightly unpleasant. Afterwards, it is recommended to leave the skin alone except to apply the recommended aftercare products and cool it down (**Lalugen Calm Spray and Lalugen Calm Gel with hyaluronic acid – this is especially suitable for skin after laser treatment**).

Temporary hyper- or hypopigmentation although rare can happen.

Irritation & redness of skin can also occur after treatment.

The skin must be protected daily from the sun with SPF50 Sunscreen. Direct exposure to the sun for the next 3 weeks should be avoided.

Discount Terms:

Discounts cannot be stacked, meaning only one discount may be redeemed at a time.

Discounts cannot be applied to gift certificates.

Discounts must be applied on the day of the treatment and cannot be backdated.

Discounts can be withdrawn at any time, and seasonal discounts are applicable only during the season in question, not for the entire treatment cycle.

What can you expect?

We work with the newest generation of lasers. Lasers hair removal is not suitable for all hair types & is only possible with dark hair.

The treatment leads to the destruction of the hair root. Only about 20% of hair roots can be removed per session. It is recommended to have 6-8 treatments at intervals of 2-4 weeks (face) or 1-3 months (other body regions). After one day, you can see how the hair roots detach from the skin.

The treatment normally leads to a reduction of hair by about 80 percent, however there is no guarantee. In the instance that less than hoped for hair reduction occurs, refunds are not possible. You must follow the advised treatment schedule for best results.

All procedures performed are in 100% compliance with the Swiss NISSG legal requirements.

Requirements for Treatment:

I understand that I must shave the area within the 24 hours of my appointment & acknowledge that shaving is not possible for hygiene reasons in the practice. If you arrive unshaven for your appointment, it will not be possible to treat, and the appointment will be charged at full price.

I also understand that if the area being lasered has a tattoo, I must cover the tattoo completely before arriving for treatment.

Cancellation of appointments:

Laser Hair Treatments must be cancelled or changed no later than 48 hours from your appointment time.

If you need to cancel or change **after** the 48 hour period we regrettably must charge **half of the booked treatment cost.**

Missed appointments are charged in full.

If the practice must unexpectedly cancel your appointment for reasons of safety or staff illness, another appointment will be offered at the earliest convenience. No financial recompense or discount can be offered in this instance as this is required for patient safety.

Medication and Photosensitivity Disclaimer

By signing this consent form, you acknowledge that you have read and understood the following:

Certain medications are known to cause photosensitivity, which could lead to adverse reactions during laser hair removal treatment. It is crucial that you review the list of medications provided below and indicate if you are currently taking any of them.

List of Photosensitizing Medications:

Kardiovaskular : Antiarrhythmika wie Amiodaron (sehr häufig) und Chinidin, Calciumkanalblocker wie Nifedipin, Amlodipin und Diltiazem, ACE-Hemmer wie Captopril und Enalapril, Hydralazin sowie einige Statine (darunter auch Simvastatin)

Antihistaminika : z.B. Cyproheptadin, Diphenhydramin und Loratadin

Schmerzmittel : Ketoprofen-haltige Schmerzgele, Diclofenac-Externa (in Einzelfällen), NSAR wie Naproxen, Ketoprofen, Piroxicam, Celecoxib, Diclofenac, Indometacin und Ibuprofen

Psychopharmaka : Antipsychotika wie Chlorpromazin, Chlorprothixen, Promethazin, Perazin, Fluphenazin und Haloperidol, Antidepressiva wie Amitriptylin, Trimipramin, Nortriptylin, Desipramin, Imipramin, Doxepin und Clomipramin, hochdosierte Johanniskrautextrakte

Hormone : Kortikosteroide, Estrogen, Progesteron und Isotretinoin

Antikonvulsiva : Carbamazepin, Lamotrigin, Phenobarbital, Phenytoin, Topiramamat und Valproinsäure

Onkologisch : Zytostatika wie Fluorouracil und Methotrexat, Kinase-Hemmer Vemurafenib (besonders häufig)

Diuretika : z.B. Hydrochlorothiazid, Furosemid, Amilorid, Spironolacton, Xipamid

Kardiovaskular : Antiarrhythmika wie Amiodaron (sehr häufig) und Chinidin, Calciumkanalblocker wie Nifedipin, Amlodipin und Diltiazem, ACE-Hemmer wie Captopril und Enalapril, Hydralazin sowie einige Statine (darunter auch Simvastatin)

Antihistaminika : z.B. Cyproheptadin, Diphenhydramin und Loratadin

Schmerzmittel : Ketoprofen-haltige Schmerzgele, Diclofenac-Externa (in Einzelfällen), NSAR wie Naproxen, Ketoprofen, Piroxicam, Celecoxib, Diclofenac, Indometacin und Ibuprofen

Psychopharmaka : Antipsychotika wie Chlorpromazin, Chlorprothixen, Promethazin, Perazin, Fluphenazin und Haloperidol, Antidepressiva wie Amitriptylin, Trimipramin, Nortriptylin, Desipramin, Imipramin, Doxepin und Clomipramin, hochdosierte Johanniskrautextrakte

Hormone : Kortikosteroide, Estrogen, Progesteron und Isotretinoin

Antikonvulsiva : Carbamazepin, Lamotrigin, Phenobarbital, Phenytoin, Topiramamat und Valproinsäure

Antiinfektiva : Malaria-mittel (Chloroquin, Chinin, Pyrimethamin, Mefloquin, Hydroxychloroquin), Antibiotika (vor allem Sulfonamide wie Sulfamethoxazol/Trimethoprim und Sulfasalazin), Chinolone (Ciprofloxacin, Ofloxacin usw.); Tetrazykline (Doxycylin, Minocyclin, Tetracyclin usw.) sowie Isoniazid, Gentamicin, Nitrofurantoin, Simeprevir und Antimykotika (Ketoconazol, Itraconazol, Voriconazol und Griseofulvin)

Failure to disclose this information can result in complications, including but not limited to burns, discoloration, or ineffective treatment. If you are currently taking any of the listed medications, you will not be eligible for laser hair removal until you are no longer taking the medication and it has sufficiently cleared from your system.

Your safety is our primary concern. If you are uncertain about your medication or its potential to cause photosensitivity, consult your healthcare provider before proceeding with laser hair removal.

2. Declaration

I am aware that a guarantee of success cannot be given with absolute certainty.
Nevertheless, I agree to the type, extent and method of treatment described in more detail above.

I have been informed of the costs per treatment.

I was informed that this amount is to be paid directly after each treatment.

I had sufficient time and opportunity to consider my decision and have no further questions after the ones I asked were answered completely and in a way that was easily understandable.

Patient Signature

Date