

Angela Wyatt Dermatology, P.C.
LASER HAIR REDUCTION
POST-TREATMENT INSTRUCTIONS
Page 1 of 2

- _____ 1. Immediately after treatment patient will experience redness and small bumps in the treatment area which may last up to 2 hours or longer. It is normal for the treated area to feel like a sunburn for a few hours. Patient will use a cool compress if needed. If any crusting or scabbing occurs patient will apply an antibiotic ointment like Polysporin (Neosporin is not recommended). Patients with more natural pigment may have more discomfort than those with lighter skin.
- _____ 2. Patient will avoid sun exposure in order to reduce the risk of transient or permanent dark or light marks during the course of treatment, and will use sunscreen with SPF \geq 30 at all times throughout the course of treatment. Patient will avoid heat exposure such as hot tubs, saunas, steam rooms, hot cars, hot baths, or exercise for a minimum of 48 hours after receiving treatment.
- _____ 3. Patient will avoid picking or scratching the treated skin. Patient WILL NOT USE any other hair removal method or products on the treated area during the course of laser treatments, as removing hair will prevent the patient from achieving optimal results.
- _____ 4. Patient may shower after the laser treatment and use soap, antiperspirant, deodorant, etc. The treated area may be cleansed gently with a mild soap or cleanser. Skin should be patted dry and not abraded or rubbed.
- _____ 5. Shedding of the hair may occur between 5-15 days after the treatment, which may appear as new hair growth. Patient understands this is not new hair growth, but simply dead hairs pushing their way out of the hair follicles. This process can be helped by washing or wiping gently with a washcloth.
- _____ 6. Hair re-growth occurs at different rates on different parts of the body. Patient understands new hair growth will not occur for at least 3 weeks after a treatment.
- _____ 7. Patient will call the office at (928) 779-6923 with any questions or concerns they may have after the treatment.

By signing below, I acknowledge the following:

- I have read and understand the Laser Hair Reduction Post-Treatment Care Instructions
- I agree to the terms outlined in the Laser Hair Reduction Post-Treatment Care Instructions

Patient or Legal Guardian Signature: _____ Dated: _____

Patient Printed
Name: _____

Legal Guardian Printed
Name: _____
(if applicable)

Witness
Signature: _____ Dated: _____

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Patient Copy

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