

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

By initialing each numbered item below, the undersigned indicates they understand and agree.

- \_\_\_\_\_ 1. Patient has not had any waxing, threading, tweezing, or plucking performed for 3-4 weeks prior to treatment or between treatments.
- \_\_\_\_\_ 2. It is acceptable to clip or shave the treatment area. Please shave within 24 hours before your treatment unless directed otherwise by the treating physician or technician.
- \_\_\_\_\_ 3. Patient has stopped the use of alpha-hydroxy acids (i.e. glycolic acid), Retin A (Tretinoin), and Renova 3 days prior to treatment on the face.
- \_\_\_\_\_ 4. Tan skin cannot be safely treated (natural sun exposure, tanning bed, self tanners). Patient has not tanned using any of the aforementioned methods for at least 4 weeks prior to treatment. No such tanning should be performed for a minimum of 2 weeks after laser treatment.
- \_\_\_\_\_ 5. Patient will use a strong sunscreen (SPF  $\geq$  30) when a treated area will be exposed to the sun.
- \_\_\_\_\_ 6. Permanent laser hair reduction effectively treats only hairs with pigment. Red, gray, blonde, and white hairs will not respond to such treatment.
- \_\_\_\_\_ 7. If patient has a history of cold sores or genital herpesvirus infection, taking an oral anti-viral medication will help to prevent activation of the virus. Patient will inform the treating physician if patient has such a condition so that a prescription can be sent to patient's pharmacy prior to laser treatment.

By signing below, I acknowledge the following:

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

Patient or Legal Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Patient Printed

Name: \_\_\_\_\_

Legal Guardian Printed

Name: \_\_\_\_\_

(if applicable)

Witness

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

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**Page 2 of 2**

**Patient Copy**

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