

CLINICAL REFERRAL GUIDE / 01

Permanent hair removal. A clear clinical handoff.

An evidence-informed briefing for referring clinicians, surgical coordinators, therapists, and community care teams. This guide explains when electrolysis may fit a patient’s goals and how a patient can start a consultation without sending medical records through a public form.

The referral in one minute

Clinical question	Practical answer
Who may benefit?	Adults exploring permanent removal of unwanted facial or body hair, remaining hairs after laser, or surgeon-directed clearance when required.
What is electrolysis?	A trained electrologist treats individual follicles using a fine sterile probe and electrical energy. Multiple visits are generally necessary. [1,2,3]
How does a patient start?	Give the patient the Sphynx handout. They initiate a basic-contact consultation request directly at sphynx-electrology.com/booking. This is not an appointment confirmation.
Surgical preparation?	Surgeon-defined area, modality, documentation and deadlines control; never rely on generic drawings or a clinic-produced treatment map. [4,5,6]

PRACTICE STATUS	Sphynx is preparing a Chicago electrology practice. Verify licensure, location, and appointment availability before arranging active care.
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For patients: hand out the companion **Patient Information Guide**. For offices: the separate **Coordinator Quick Reference** contains a procedural checklist.

Clinical references: [1], [2], [3], [4], [5], [6], [8]. Full titles and URLs on the reference page.

SCOPE OF REFERRAL / 02

When electrolysis fits.

Electrolysis addresses individual hair follicles; a clinician's role is to identify the patient's broader clinical context, while the electrologist evaluates whether treatment is appropriate within professional scope. [1,9,11]

Common reasons to share a referral resource

- **Facial or body hair goals.** Unwanted coarse or fine hair, including beard-area, chin, upper lip, neck, or other appropriate sites. Patient preference is sufficient; no particular gender identity or diagnosis is required.
- **Hair remaining after laser.** Electrolysis may address light, gray, red, white, or persistent hair that is less responsive to pigment-targeting laser treatments. [2,4]
- **Hormonal or medication-associated hair growth.** Follicle treatment does not diagnose or treat an endocrine condition; investigation of sudden or progressive hair growth remains with the treating clinician.
- **Gender-affirming goals.** Some patients want facial or body clearing; others require hair removal for a procedure, dependent on the surgeon's specific protocol. [3,4]
- **Surgeon-directed preparation.** Potentially relevant for selected vaginoplasty or graft/donor-site procedures. Applicability, boundaries and timing differ across surgeons and procedures. [5,6,12]

When to pause the nonclinical referral

- New or unexplained rapid hair growth, concerning lesions, an active skin infection, significant irritation, impaired healing, or an unstable medical issue: clinical assessment may be needed before local treatment. [9,11]
- If a patient has an implanted electronic cardiac device, recent surgery, topical products that impair skin integrity, or medication-related skin sensitivity, the electrologist should evaluate precautions and seek appropriate medical input when indicated. [4,11]

SCOPE BOUNDARY

Electrologists do not diagnose medical conditions, prescribe medications, determine surgical eligibility, or override a surgeon's instructions. Illinois electrology is a licensed profession with defined scope. [8,9]

Clinical references: [1], [2], [3], [4], [9], [11], [12]. Full titles and URLs on the reference page.

TREATMENT METHODS / 03

Electrolysis, laser, and expectations.

Patients often arrive with mixed advice. The useful distinction is the mechanism and the treatment objective, not a universal claim that one modality is always better. [1,2,3,4]

Dimension	Electrolysis	Laser hair treatment
Mechanism	Fine probe treats one follicle at a time; electrical current targets growth tissue.	Light energy absorbed by pigment injures follicles across a treated area.
Hair color	Applicable across hair colors, including gray, blonde and red.	Efficiency depends in part on pigment; very light hair is often harder to treat.
Skin tone	Applicable across skin tones with appropriate technique and risk assessment.	Modern devices can serve varied skin tones when appropriately selected and operated.
Treatment burden	Time-intensive, especially for dense, large areas; repeated visits.	Often faster coverage of large areas; repeated sessions and sometimes additional clearing.
Surgery-prep role	May be selected for precise or difficult-to-treat hair.	Some surgical teams accept laser alone or combined approaches; surgeon decides.

How a course of treatment behaves

- Hair does not grow on one synchronized schedule. Dormant follicles may produce visible hair later; a new visible hair does not automatically mean a previously treated follicle recovered. [1,4]
- Session number depends on area, density, hair caliber, hormones, prior removal, tolerance, response and consistency. Do not promise a session count, clearance date, or fixed total cost. [1,3]
- For a patient working toward surgery, allow enough lead time for repeated visits, reassessment, and the surgical team’s final review. Some procedures require an extensive preparation period. [5,6]

Clinical references: [1], [2], [3], [4], [5], [6]. Full titles and URLs on the reference page.

SURGICAL PROTOCOL / 04

A surgeon-defined plan. Not a generic map.

Hair-bearing skin placed inside a reconstructed canal or urethra can create serious downstream concerns. That is why the correct anatomy and the surgeon’s written protocol matter more than a generic internet diagram. [5,6,12]

Information to confirm with the surgical team

Confirm	Why it matters
Specific procedure and technique	Vaginoplasty, vulvoplasty, phalloplasty or related reconstruction may use different tissue and have different requirements.
Written borders / diagram	Obtain the operating team’s marked map, measurements, and whether margins are included; no assumption based on a standard silhouette.
Acceptable treatment modality	Ask whether electrolysis, laser, or a combined approach is acceptable for that procedure.
Clearance expectations	Define what the surgeon means by sufficient clearing and who conducts the final inspection.
Timing and healing interval	Ask when the surgical team wants hair removal finished and how to handle delayed or rescheduled surgery.
Documentation and secure route	Confirm whether progress photos, provider notes, or a confirmation letter are needed and how they will be sent securely.

PATIENT PRIVACY

Patients should NOT upload surgical diagrams, diagnoses, medications, ID or genital photographs via the ordinary Sphynx consultation form or unverified role-based email aliases. Establish a separately approved secure exchange method before such records are requested.

Examples exist at UCSF, OHSU and Johns Hopkins, but they illustrate **those surgical teams’ protocols**; they cannot be repurposed as patient-specific Sphynx clearance maps. [5,6,12]

Clinical references: [5], [6], [12]. Full titles and URLs on the reference page.

CLINICAL OPERATIONS / 05

Infection prevention and treatment safety.

A referring office should evaluate the actual operating practice, not assume that owning a particular epilator or sterilizer establishes compliance.

Minimum practice standards to verify

- **Active credentials and scope.** Verify the treating practitioner’s current Illinois license through IDFPR before making a clinical recommendation; licensing information was not independently confirmed for this packet. [8]
- **Probe handling.** The American Electrology Association recommends presterilized, disposable single-use electrology needles/probes, with hand hygiene and appropriate gloves/PPE. [7]
- **Reusable instruments.** Decontamination and validated sterilization, plus cleaning between appointments, must follow the governing standards and the practice’s procedures. [7,11]
- **Assessment and consent.** Review treatment goals, health precautions, skin conditions, adverse effects, alternatives, and informed consent prior to treatment. [11]
- **Non-treatment signs.** Active infection, concerning lesions, or other findings outside an electrologist’s scope require medical referral and should not be treated as routine unwanted hair. [9]

Expected effects and risk counseling

Temporary redness, swelling, warmth and tenderness can occur. Burns, pigment change, infection and scarring are less common but possible, especially with poor technique or inadequate hygiene. Risk varies by individual and body area. [1,2,4]

Comfort management is individualized

Pain tolerance varies. Patients considering topical anesthetics should consult the appropriate clinician or pharmacist. Warn against high-strength unapproved numbing creams, applying large amounts, and covering large or irritated areas; the FDA has flagged serious systemic toxicity risks. [10]

SAFETY STANDARDS

Infection prevention, consent and treatment documentation must follow applicable law and the actual practitioner's current, verified procedures.

Clinical references: [1], [2], [4], [7], [8], [9], [10], [11]. Full titles and URLs on the reference page.

PATIENT HANDOFF / 06

A simple patient-led process.

For most routine inquiries, a clinician can hand the patient the enclosed guide and let the patient initiate contact. This avoids unnecessary transfer of medical records and preserves the patient's control over the process.

Recommended office handoff

1. Confirm the reason for sharing Sphynx: permanent hair removal, residual hairs after laser, or possible surgical preparation. Avoid promising suitability or availability.
2. Give the patient the **Sphynx Patient Information Guide** and the single-page take-home sheet. Point to sphynx-electrology.com/booking for basic-contact inquiries.
3. If surgical preparation is involved, instruct the patient to obtain written guidance from the surgical team first. The surgical team should specify maps, modality, clearance standards and timing.
4. The patient initiates the request. Sphynx can discuss scheduling and whether a more secure clinical intake or document exchange will be necessary.
5. Do not assume Sphynx is in an insurance network or accepting live appointments until the practice verifies and publishes those capabilities.

Patient-facing language an office may use

SUGGESTED SCRIPT "If you are considering permanent hair removal, Sphynx Electrology is a Chicago practice in development. Their printed guide explains how electrolysis works and how to request information. If this is for surgery, follow the hair-removal instructions from your surgical team."

For referring professionals

General business contact: kaylax@sphynx-electrology.com | (312) 519-3639.
Do not send medical records through public forms or general business email.

The public consultation form should collect only contact details and broad scheduling preferences - never diagnoses, medical records, procedure maps or patient identifiers intended for a medical referral.

PRACTICAL CONSIDERATIONS / 07

Time, cost, and appropriate claims.

Expected timelines

Do not tell a surgical patient that the entire process will take a fixed number of visits or weeks. The total course depends on area and follicle characteristics, progression through growth cycles, treatment tolerance and the surgeon’s requirements. Some patients need many months or longer. [1,3,6]

Pricing: disclosed, not guaranteed

Current planned Sphynx treatment-time pricing	Important qualification
30 minutes — \$90	Duration-based session price; does not estimate total work.
60 minutes — \$150	Longer sessions may be more useful for larger areas; selection requires individual planning.

Planned service rates should be confirmed before scheduling. These rates do not predict a total hair-clearance cost or guarantee timing.

Insurance and reimbursement

Sphynx does not currently claim in-network status or guaranteed reimbursement. A patient should confirm coverage, clinical criteria, prior authorizations, required codes, documentation and out-of-network rules with the payer and surgical team. Do not tell patients that surgery-related electrolysis is automatically covered. [4]

Avoid these claims

- “Completely hair-free by your surgery date,” “one course works for everyone,” or “every hair will be permanently removed in one pass.”
- “We accept your insurance,” “your surgeon approved this map,” or “Sphynx is affiliated with your hospital,” without written verification.
- “No pain, no risk, no skin change,” or claims that a manufacturer relationship improves clinical results.

REFERRAL STANDARD

A useful referral includes accurate credentials, clear service limits, a private communication pathway, and respect for the patient’s own choices.

Clinical references: [1], [3], [4], [6]. Full titles and URLs on the reference page.

SOURCE NOTES / 08

Evidence and professional references.

This guide provides general education, not a surgeon's orders or medical clearance. The operating surgeon's written plan controls any presurgical hair removal. Sphynx is preparing for independent practice.

[1] **Cleveland Clinic.** Electrolysis: Definition & Treatment.

<https://my.clevelandclinic.org/health/treatments/8306-electrolysis>

[2] **American Academy of Dermatology.** 6 ways to remove unwanted hair.

<https://www.aad.org/public/everyday-care/skin-care-basics/hair/remove-unwanted-hair>

[3] **Oregon Health & Science University.** Hair Removal, Voice Therapy and Fertility Services.

<https://www.ohsu.edu/transgender-health/hair-removal-voice-therapy-and-fertility-services>

[4] **UCSF Transgender Care.** Hair removal (clinical guidelines).

<https://transcare.ucsf.edu/guidelines/hair-removal>

[5] **UCSF Transgender Care.** Genital surgical procedures.

<https://transcare.ucsf.edu/genital-surgical-procedures-vaginoplasty-orchietomy-and-phalloplasty>

[6] **OHSU.** Vaginoplasty patient guide.

<https://www.ohsu.edu/sites/default/files/2024-01/OHSU-Vaginoplasty-Guide.pdf>

[7] **American Electrology Association.** Infection Prevention Standards.

<https://www.professionals.electrology.com/be-an-electrologist/infection-prevention-standards.php>

[8] **Illinois IDFPR.** Electrologist: licensing, standards, lookup.

<https://idfpr.illinois.gov/profs/electro.html>

[9] **Illinois.** Electrologist Licensing Act, scope of practice.

<https://www.ilga.gov/Legislation/ILCS/Articles?ActID=1352&Chapter=PROFESSIONS%2C+OCCUPATIONS%2C+AND+BUSINESS+OPERATIONS&ChapterID=24&MajorTopic=REGULATION&Print=True>

[10] **U.S. Food and Drug Administration.** Warning on certain topical numbing products.

<https://content.govdelivery.com/accounts/USFDA/bulletins/392c186>

[11] **American Electrology Association.** Standards of Practice for Electrology Professionals.

<https://www.professionals.electrology.com/be-an-electrologist/standards-of-practice.php>

[12] **Johns Hopkins Medicine.** Phalloplasty hair removal guide.

<https://www.hopkinsmedicine.org/-/media/center-for-transgender-health/images/phallo-hair-removal.pdf>

[13] **OHSU.** Electrolysis FAQs.

<https://www.ohsu.edu/cosmetic-plastics-services/electrolysis-faqs>

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