

CONSENT FORM for PHOTOFACIAL/SKIN REJUVNEATION
and/or NON-ABLATIVE WRINKLE REDUCTION

I _____, consent to and authorize _____ to perform treatments on me. Laser can be used effectively to destroy targets located in the skin with minimum damage to the surrounding tissues. Light is used to lighten, fade or remove photo-damaged skin in a non-ablative manner, a procedure known as *photo rejuvenation*. Visible signs of photo damage include wrinkling, enlarged pores, coarse skin texture, and pigmented alterations.

Photo-therapy, despite its high levels of efficacy and safety, is not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours, but can last up to seven days or longer. Irritation, itching, and/or a mild burning sensation or pain similar to sunburn may occur within 48 hours treatment.

Pigmentary changes such as hyper-pigmentation and hypo-pigmentation of the skin in the treated areas can occasionally occur. Mostly it is transient, lasting up to 6 months, but in rare cases it can be permanent. Most cases of hypo- or hyper- pigmentation occur in people with darker skin or when the treated area has been exposed to sunlight before or after the treatment. Occasionally these pigmentary changes occur despite appropriate protection from the sun.

Scarring, which can be hypertrophic or even keloid, is very rare but can occur. Other known complications of this procedure include blisters, reddening; pinpoint pitted scars, bruising, superficial crusting, burns, pain and infections. These side effects are usually temporary, lasting from 5 to 10 days but can be permanent as well.

The skin at or near the treatment site may become fragile. If this happens, makeup should be avoided and the area should not be rubbed, as this may tear the skin. A blue-purple bruise may appear on the treated area, which might last from 5-15 days. As the bruise fades, there may be a rust-brown discoloration of this skin, which fades in 1-3 months or longer.

Additionally, there is a known and expected loss of hair in the treated areas. In a very small percent of people there is new hair growth in the surrounding areas being treated.

Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. There may be other treatment options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this non-invasive treatment for vascular and/or pigment lesions and other indicated skin conditions.

Eye damage can occur from the light and therefore eyewear must be worn during all phototherapy sessions.

I have read and understand the Pre and Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyper-pigmentation, hypo-pigmentation, and other skin textural changes.

I understand that this examination is not meant to replace the necessity for a complete dermatological examination.

Photographs: I give permission for my photographs to be used to help document my treatment course. Complete confidentiality will be maintained.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

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