



Iconic Ablative Resurfacing Laser Consent Form

Ablative Lasers work by removing the top layer of skin, called the epidermis, and contracting and smoothing out the second layer of skin called the dermis. These types of lasers are the most effective in treating deeper wrinkles and acne scarring. Because these lasers remove skin, patients will have a temporary wound equivalent to a burn, and need to use extensive skin care regimens to ensure proper healing. Recovery from the laser may take up to 3 weeks. Persistent redness may last several months after the procedure before fading.

Risks and Complications

- Infection
- Hyperpigmentation (darker areas of skin)
- Hypopigmentation (lighter areas of skin)
- Depigmentation (rare but may be permanent)
- Persistent redness for several months
- Swelling
- Blistering and Crusting
- Scarring
- Topical anesthesia allergy or toxicity (very rare)

Results and Post Care

1. I will stay out of the sun and wear sun protection for a minimum of 12 weeks after the procedure.
2. I will not pick at, rub or manipulate the treated areas.
3. I will follow the post-op care sheet and keep the treated areas moist with Vaseline around the clock.

Pregnancy and Accutane Use

I am not trying to become pregnant nor am I aware that I am pregnant. I am aware that if I have used accutane in the past, I can not receive laser treatment until 6 months after my last accutane dose.

Alternative Procedures

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

Payment

I understand that this procedure is cosmetic and that payment is my responsibility. I am aware of the prices and that this payment is my responsibility. Discounts may be applied but are not guaranteed.

The price of Full Face or Décolletage is \$3200. The price of hands or eyes is \$1000.

Right to Discontinue Treatment

I understand that taking the treatment course is my choice and that I am free to withdraw at any time, without giving any reason.

Informed Consent

All my questions were answered to my satisfaction and I consent to the procedure.

The physician has explained to the patient/family/guardian the nature of my condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches, including the likely result of not performing the procedure. The physician has discussed the likelihood of major risks or complications of this procedure. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

Witness Signature

Date

Patient/Guardian Signature

Date