

Non Ablative Laser Consent Form

Non Ablative Lasers work by heating microscopic columns of skin. Once columns of injury are made by the laser, the body then repairs the columns, often reducing the appearance of scars, wrinkles or brown spots. The Non Ablative Resurfacing Laser has FDA clearance for the following conditions: periorbital wrinkles, acne scarring, pigmented lesions, surgical scarring and melasma. The procedure requires multiple treatments. The results are gradual, sometimes not evident until several months after a treatment. Although the laser is effective in most cases, no guarantees can be made that this treatment will improve the appearance of your skin. It is important to note that wrinkles, scarring and melasma can be improved with this laser, but may not be completely removed.

Risks and Complications

- Infection
- Hyperpigmentation (darker areas of skin) or Hypopigmentation (lighter areas of skin)
- Sunburn like redness (usually lasts between 2 and 5 days)
- Swelling and Crusting
- Scar (rare)
- Pinpoint Bleeding (rare)
- Paradoxical worsening of melasma (rare)
- Blistering and Pain

Results and Post Care

- 1. I will stay out of the sun and wear sun protection for a minimum of 2 weeks after the procedure.
- 2. I will not pick at, rub or manipulate the treated areas.

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, Décolletage, or Knees

One \$500, Three \$1400, Six \$2500

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