

This consent form includes general descriptions of various dermatological treatments, including possible benefits and risks that may occur as a result of these treatments. Your doctor or nurse will describe and discuss the specific details of your procedure with you and answer your questions.

Please read the applicable sections of this consent form carefully. This form may contain words that are unfamiliar to you. Please ask your doctor or one of his staff to explain any words or information that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

## **PROCEDURES**

### **Enhanced Skin Rejuvenation, Wrinkle Reduction and Treatment of Vascular & Pigmented Lesions or Full Body Rejuvenation with Solis Intense Pulsed Light System.**

Non-ablative (no removal of body tissue) laser treatment is a technique for eliminating blemished areas from the skin and improving skin texture. This is a useful treatment method for both aging and sun damaged skin. Non-ablative lasers and Intense Pulsed Light systems are designed to penetrate into the lower layers of the skin without injuring the outer layers. Enhanced Skin Rejuvenation requires the use of two different laser Wavelengths; 532nm and 1064nm..

A topical anesthetic may be applied prior to treatment to reduce discomfort during the procedure. Photographs of the treatment area are recommended for your medical chart and future comparison. Multiple treatments may be necessary to achieve complete satisfaction. Short-term redness/swelling can be expected.

Benefits of this treatment include the possible reduction of fine wrinkles and reduction or elimination of unsightly pigmented lesions like solar spots or uneven skin color. Small red and blue vessels may be reduced or diminished.

Possible risks or discomforts (side effects) may include pain, burning, blister formation, and stinging sensation, infection, pigmentary changes including decrease or increase in skin color at the site of treatment, scar formation, laser induced "cold-sore-like" blistering, skin eruptions known as "herpetic" skin eruptions at the site of treatment and poor cosmetic outcome. **There may also be possible hair reduction at site of treatment.**

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**Acne Treatment**

Non-ablative (no removal of body tissue) laser treatment is a technique for treating acne lesions on the face, chest, neck and back. Non-ablative lasers are designed to penetrate into the lower layers of the skin without injuring the outer layers.

A topical anesthetic may be applied prior to treatment to reduce discomfort during the procedure. Photographs of the treatment area are recommended may be taken for your medical chart and future comparison. Multiple treatments may be necessary to achieve complete satisfaction. Short-term redness and/or swelling can be expected.

Benefits of this treatment include the possible reduction of acne lesions and a reduction in the severity of lesions.

Possible risks or discomforts (side effects) may include pain, burning, blister formation, stinging sensation, infection, pigmentary changes including decrease or increase in skin color at the site of treatment, scar formation, laser/Intense Pulsed Light induced "cold-sore-like" blistering, skin eruptions known as "herpetic" skin eruptions at the site of treatment and poor cosmetic outcome.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**Treatment for Vascular Lesions (Unsightly Leg Veins)**

Unsightly veins that result from heredity, pregnancy, trauma and the normal aging process are not necessary to the circulatory system and can be removed without creating a health problem.

The laser /Intense Pulsed Light system is designed to treat veins safely and effectively. The laser / Intense Pulsed Light energy penetrates the vessels and generates heat, resulting in blood coagulation and vessel wall damage. This leads to the collapse of the blood vessels. There is a limit to the size of vessel that can be effectively treated. Benefits of this treatment include the possible reduction or elimination of superficial and/or deep veins.

A topical anesthetic may be applied before treatment to reduce discomfort during the procedure. Photographs of the treatment area are recommended for your medical chart and future comparison. Multiple treatments may be necessary to achieve complete satisfaction. Short-term redness can be expected.

Possible risks or discomforts (side effects) may include pain, burning, blister formation, and stinging sensation, vessel swelling, infection, pigmentary changes, including decrease or increase in skin color at the site of treatment, scar formation, laser induced "cold-sore-like" blistering, skin eruptions known as "herpetic" skin eruptions at the site of treatment and poor cosmetic outcome. Recurrence of vessels at the treated sites is also a possibility. **There may also be possible hair reduction at treatment site.**

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**Lunchtime and Weekend Laser Peels**

Sun damaged and aging skin along with some skin blemishes and superficial scars can be removed with either the Micro or Weekend Laser Peel procedure. Either treatment requires minimal anesthetic and minimal healing time. The laser light is highly absorbed by water in skin and results in the removal of a very superficial layer of the skin.

A topical anesthetic may be applied before treatment to reduce discomfort during the procedure. Photographs of the treatment area are recommended for your medical chart and future comparison. Multiple treatments may be necessary to achieve complete satisfaction. Short-term redness along with mild swelling can be expected.

Benefits of this therapy may include improvement of skin texture and softness along with reduction of fine wrinkles and superficial scars. You may also see the reduction or elimination of unsightly pigmented lesions like sun spots or uneven skin color.

Possible risks or discomforts (side effects) may include pain, burning, blister formation, stinging sensation, infection, pigmentary changes including decrease or increase in skin color at the site of treatment, scar formation, laser induced "cold-sore-like" blistering, skin eruptions known as "herpetic" skin eruptions at the site of treatment and poor cosmetic outcome.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**Permanent Hair Reduction/Pseudo Folliculitis**

The laser or Intense Pulsed Light system is designed to target and destroy the hair follicle. The procedure involves shaving the hair in the area to be treated. A topical anesthetic may be applied to reduce discomfort associated with treatment. Photographs of the treatment area are recommended for your chart and future comparison.

Possible benefits of this treatment are delayed re-growth of the hair, lightening of the hair, decreased density of the hair and long term or permanent reduction in the number of hairs growing in the treatment areas. Multiple treatments are required to achieve hair reduction. Short-term redness and some (edema) swelling may be expected.

Possible risks or discomforts (side effects) may include pain, burning, blister formation, and stinging sensation, infection, pigmentary changes including decrease or increase in skin color at the site of treatment, scar formation, laser/Intense Pulsed Light induced "cold-sore-like" blistering, skin eruptions known as "herpetic" skin eruptions at the site of treatment and poor cosmetic outcome. Recurrence of hair growth at treatment sites is also a possibility.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

Family Wellness  
Center, P.A.

**Patient Information and  
Consent for Medical/Laser/Intense Pulsed  
Light Treatment**

**GENERAL RISKS**

Eye injury due to use of the laser or Intense Pulsed Light system is a risk to the patient and to the clinician, however, the risks are dramatically reduced? (almost completely eliminated) with the use of proper eyewear.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**PATIENT CONSENT FOR TREATMENT**

My signature below constitutes my acknowledgment that I, \_\_\_\_\_,  
(Print Name)  
am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I:

- have read and understand the information provided in this form; Initial: \_\_\_\_\_
- have had my procedure adequately explained to me by my clinician; Initial: \_\_\_\_\_
- have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction; Initial: \_\_\_\_\_
- have received all of the information I desire concerning my procedure; Initial: \_\_\_\_\_
- consent to photographs of the treatment area; Initial: \_\_\_\_\_
- understand all post treatment recommendations and agree to adhere to them; Initial: \_\_\_\_\_
- freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure; Initial: \_\_\_\_\_
- have the right to consent to or refuse any proposed procedure at any time prior to its performance; Initial: \_\_\_\_\_
- must notify the clinician if my medical history changes prior to subsequent treatments; Initial: \_\_\_\_\_
- Consent to, and authorize \_\_\_\_\_ to perform the laser/INTENSE PULSED LIGHT treatment.  
(Print Clinician's Name)  
treatment for \_\_\_\_\_.  
(Print Name of Laser Procedure to Be Done)

\_\_\_\_\_  
Signature (Patient, or if under 18, signature of parent/guardian)

\_\_\_\_\_  
Date

Printed name of signatory: \_\_\_\_\_

If signed by other than patient, indicate relationship: \_\_\_\_\_

Family Wellness  
Center, P.A.

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Consent for Medical/Laser/Intense Pulsed  
Light Treatment**

I have reviewed my medical and tanning history with my doctor prior to each treatment

Treatment Date	Patient Initials	Doctor/Nurse Initials

Witness: \_\_\_\_\_  
Signature Printed name Date