

INFORMED CONSENT FOR LASER PROCEDURES

Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.

I authorize the certified laser technicians SCAR-REVISION to perform laser/light treatments on me, including, but not limited to, treatment of scarring, wrinkles, acne fine lines, pigmented and crepe skin. I understand this is a purely elective procedure, that results may vary with each individual, and multiple treatments may be necessary. **Initials** _____

Common Side Effects - Common side effects include temporary redness (mild sunburn-like effects) and swelling that may last from a few hours to a few days. The treated area may remain red and swollen for 2 to 48 hours. Temporary bruising and discoloration of the skin may appear. **Initials** _____

Uncommon Side Effects - Serious complications are rare but possible, such as scarring, permanent discoloration. Rarely, veins may initially appear dark red to purple in color for a few days after treatment, especially if you have taken a blood thinner. These side effects have been fully explained to me. **Initials** _____

Allergic Reactions - In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during medical procedures and prescription medicines. Allergic reactions may require additional treatment. **Initials** _____

Accutane (Isotretinoin) - Accutane is a prescription medication used to treat certain skin diseases. This drug may impair the ability of skin to heal following treatments or surgery for a variable amount of time even after the patient has ceased taking it. Individuals who have taken the drug are advised to allow their skin adequate time to recover from Accutane before undergoing laser skin treatment procedures. **Initials** _____

Photographs - I consent to photographs being taken to evaluate treatment effectiveness. No photographs revealing my identity will be used publicly without my written consent. **Initials** _____

Insurance - I understand that the treatment involves payment at the time of service and the fee structure has been fully explained to me. I understand insurance companies will NOT reimburse for these cosmetic procedures. **Initials** _____

Pregnancy - By signing below I indicate that I am NOT pregnant, or lactating (nursing). Furthermore, I agree to keep SCAR-REVISION staff informed should I become pregnant during the course of treatments. **Initials** _____

Color Change - Laser treatments may potentially change the natural color of your skin. Skin redness usually lasts 2 Weeks - 3 months and occasionally 6 months following laser skin treatment. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. A line of demarcation between untreated skin and skin treated with lasers can occur. **Initials** _____

Pigment Changes - Hypo-pigmentation (lightening of the skin) or hyper-pigmentation (darkening of the skin) lasting from 1-6 months or longer may occur, especially if you are not compliant with sun protection during the therapy. Freckles may temporarily or permanently disappear in a treated area. **Initials** _____

Eye Protection - Laser light could cause serious eye injury; protective eyewear must be worn. **Initials** _____

I understand that sun tanning or tanning lamp exposure, and not adhering to the post-care instructions may increase the chance of complications, may increase healing time, and decrease obtaining optimal results. Before and after treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all of my questions answered. I freely consent to the proposed treatment.

Patient Signature

Date

Patient (or Guardian) Signature

Date

Witness

Date