

Laser Consent Form

I _____ authorize Smooth Skin Centers laser technicians to perform a laser treatment using the GentleYag, GentleLase, Smoothbeam, or ATV lasers.

I authorize the following procedures to be treated (check all that apply).

- Laser Hair Removal
- Red or Brown Spot Removal
- Acne Treatment
- Spider Veins Reduction
- Skin Tightening or Wrinkle Reduction
- Tattoo Removal
- Other: _____

The Laser is a device that produces an intense but gentle burst of light. This light is absorbed by and causes selective heating of certain cells in the unwanted, targeted lesion(s). Lesions or hair follicles most commonly fade slowly over time as these destroyed cells are eliminated by normal body processes.

The following is a list of possible risks and complications due to this (these) procedure(s): **Purpura** (red-purple discoloration, bruising); **Itching** (hive-like response which lasts 2-3 hours to 2-3 days); **Herpes simplex virus activation**; **Burns, Blisters, Scabbing, Crusting, Skin Color and/or Textural Changes**; **Hyperpigmentation** (darkening of the skin; transient or long term); **Hypopigmentation** (lightening of the skin; transient, long term or possible permanent); and **Scarring** (rare, possibly permanent). My eyes will be covered with laser specific safety eyewear to protect them from the intense light. I will keep my eyes closed and will not attempt to remove the eye protection during treatment.

A topical anesthetic is usually not necessary. My provider or I may elect to use a form of topical anesthesia to reduce any discomfort during the procedure. A cryogen spray skin cooling device may be used during the procedure to decrease discomfort and protect the skin. All anesthesia options and risks will be discussed with me in advance. I will be given complete instructions regarding after care of the treated area. It is important to follow aftercare instructions carefully to minimize the chance of incomplete healing, skin textural changes or scarring. Sun avoidance and/or use of a sun block are highly recommended. Tanning without sunscreen should be avoided for a minimum of seven days prior to any laser treatment.

I agree to all that I **initial:**

_____ I have provided my past and current medical history and medications and that it is my responsibility to keep Smooth Skin Centers' Inc. aware of any changes to my medical history and medication usage.

_____ I am not pregnant (female patients) and shall notify Smooth Skin Centers, if that changes.

_____ If I am using prescription-strength acne medication, I have my doctor's permission to receive treatments.

_____ I understand I cannot be treated if I have an active outbreak of any viral infection.

_____ I understand that payment is due at the time of the treatment, that full payment is due within the first two treatments, and that no refunds or transfers are allowed if, for any reason, I change my mind about wanting to pursue future treatments that I have paid for.

_____ I consent to the taking of photographs during the course of my laser therapy for healthcare and/or medical or marketing purposes. My full name will not be used to identify these photographs.

I agree to avoid getting chemical peels or other laser/cosmetic treatments, including Botox and Juvederm, for at least two weeks before and after my laser(s) treatments at Smooth Skin Centers.

I recognize that the practice of laser medicine is not an exact science and acknowledge that no guarantees have been made to me concerning the results of such procedures and thus no monetary refunds will be issued to me on any previous or future treatments.

I understand I must give at least an 18-hour cancellation or re-scheduling notice, and that if I am running more than 10 minutes late for a treatment, I will need to reschedule my appointment. I understand that I will be responsible for paying a missed appointment fee of \$35 for each 15 minutes I was scheduled.

I understand that complete clearing may not be possible and will depend upon the type, age and color of the lesion, amount of hair or other considerations, and that multiple treatments may be needed before seeing any results or for the best results.

Other methods of treating this condition have been discussed with me such that I may assess the risks and benefits of these alternative treatment methods.

I have been given the opportunity to ask questions about the procedure(s). My questions have been answered, and I understand the information given to me.

Contraindications to the performance of this procedure(s) have been discussed in detail with me, and I understand that my skin's condition may actually temporarily worsen as a result of this treatment.

I have received the after-care instructions provided for by Smooth Skin Centers, Inc. and I understand it is my responsibility to follow these instructions, and that my failure to adhere to these recommendations may result in complications and contraindications for which I am fully responsible, and for which I will not and cannot hold Smooth Skin Centers' staff responsible.

I understand that any side effects may last 7-14 days or more and should resolve within several days, but may last longer. Discomfort may be treated with products and methods suggested by Smooth Skin Centers.

I understand that immediately following the laser treatment temporary side effects may occur, including but not limited to: redness, swelling, blistering, burns, itching, discomfort, bruising and discoloration (hyper- and hypo-pigmentation), and that scarring, while rare, is also possible. I agree to notify Smooth Skin Centers if any of these side effects occur.

I agree that if I experience alarm or concern regarding my treatment that I need to immediately both notify and be physically seen by Smooth Skin Centers prior to being seen by any other health care provider in order to get direction and feedback. If I chose to seek advice elsewhere or self-treat any side effects prior to being seen by Smooth Skin Centers or if I chose to not follow the recommendations provided that I am 100% responsible for any effect or contraindication that may or may not occur.

I have read and understood all information presented to me before signing this consent form and hereby release Smooth Skin Centers, Inc., its staff and medical director from all liabilities associated with the above indicated procedures.

Client: _____

Date: _____

Parent/Legal Guardian
(if Client is under 18 years old) _____

Date: _____

Laser Technician: _____

Date: _____