

Rejueva' Cosmetic Dermatology

Laser Therapy Informed Consent

Please read this form entirely. This form contains information to assist you in making a decision to have laser therapy. Initial each paragraph if you understand it. If you do not understand it, do not initial it and each paragraph will be discussed with you separately. There are risks and complications that may result from this therapy, they are rare, but do exist and you must be aware of them. These risks, complications and concerns include:

_____ **Pain.** This procedure is not painless. The sensation has been described as warm and sharp. Local anesthesia may be used for more invasive laser treatments as deemed necessary. Allergic reaction to anesthesia is a possibility.

_____ **Scarring and change of skin color.** Scarring is possible. Normal laser treatments do not result in scarring, but it is possible. All efforts are made to reduce or eliminate the potential for scarring. Lightening/darkening in the color of the skin may also occur, but is not expected. If it occurs, it normally resolves with time. Additional treatment(s) may be necessary to treat scarring or discoloration.

_____ **Bleeding or infection.** Minor bleeding may occur, but it is very unusual. Deep injury is extremely unlikely because the energy only penetrates the skin a few millimeters. Infections are rare but may also occur in isolated circumstances. Herpes Simplex Virus outbreaks can occur following laser treatment around the mouth. Prescription medication can be used to suppress the virus. According to medical literature, lasers do not contribute to carcinogenic reactions in living human tissue in any known way.

_____ **Treatment expectations.** Usually, you will need multiple treatments to achieve the desired results. Due to hair and skin growth cycles, multiple treatments may be needed. You should expect improvement in the appearance of any area treated, but flawless skin may not be the result. Responses vary from person to person. While improvement may be expected, no results may occur for reasons beyond the Nurse or Physician's control.

_____ **Appearance.** After laser treatment redness, scabbing, itching, burning sensation, photosensitivity and blistering are rare but possible within the first 48 hours of treatment.

_____ **No guarantees.** There is no guarantee as to the exact results of receiving laser therapy. Laser therapy represents one of the most advanced technologies available. You should be aware that the exact effect will vary from person to person.

_____ **Burns or eye injury.** Laser energy can produce burns. Adjacent structures, including the eyes, may be injured or permanently damaged by the laser beam. Burns are rare, yet represent the effect of heat produced within the tissue by laser energy.

_____ **Photographs.** I authorize the use of any photographs taken before or after for teaching and other medical viewing purposes, with the understanding that I will not be identified.

Have you noticed a change since your last treatment? _____ If so, what percentage? _____

Did you have any adverse side effects? _____ If yes, please describe _____

I have read the foregoing information, it has been explained, and I understand it. All of my questions have been answered. I am fully aware of possible side effects. By executing this form, I am indicating that I have no questions whatsoever and I give my full informed consent to have laser therapy performed. I further agree to follow all laser post treatment instructions.

Patient or Legal Guardian signature: _____ Date _____

Registered Nurse/ Physician: _____ Date _____