



## Pre & Post Laser Treatment instructions

Client Name: \_\_\_\_\_

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

Notes: \_\_\_\_\_

- No waxing, tweezing, depilatories or coloring during the entire treatment period. Shave or clip as often as possible.
- Shave the treatment area the day of treatment unless otherwise instructed. If you cannot shave we will shave the area for an additional \$45 for small areas \$75 for large.
- No tanning of the treatment area for at least 3 weeks prior or once week post treatment.
- Do not use bleaching creams, skin lighteners, any exfoliation products 2 days before and 2-4 days after treatment. Wait until all redness has subsided.
- If you have elected to use topical anesthetic, apply it to skin in accordance with the product instructions 1 hour prior to your scheduled appointment. There is an additional charge for numbing cream. The topical Elamax can be purchased with out a prescription.
- Do not apply any creams, lotions, or deodorants on the area to be treated the day of treatment except for the face which is easy to wash.
- Use sunscreen SPF 16 or higher during the course of the treatments.
- You may experience a slight sunburn or razor burn feeling after a treatment. Though rare, a fine crust may develop in certain sensitive areas. In either instance, you may apply a cool compress.
- Washing is permitted with a mild soap and water. Never use hot water on freshly treated areas.
- The hairs that will die from your treatment will gradually work themselves out. Please do not pick, rub, or scratch. This process can take up to 3-4 weeks.
- In any instance that the skin should blister, you must call our office so that we can arrange for an evaluation.
- If you must cancel or reschedule your appointment, please contact our office at least 24 hours in advance otherwise an \$75 dollar cancellation fee may be applied, due to the high demand for treatment time.

If you have any questions, please contact us as soon as possible. We look forward to seeing you at your next appointment.

I have read and understand the above instructions. In order to obtain the best results, I must follow these instructions diligently.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_:

Staff Signature : \_\_\_\_\_ Date: \_\_\_\_\_

# **INFORMED CONSENT - LASER TREATMENT**

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## **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help your Physician inform you concerning available laser therapies, their risks, and alternative treatments.

This consent covers laser therapy for treatment of:

\_\_\_\_\_ **Wrinkles** - The combination of laser light and radio frequency energies stimulate new collagen growth creating a smoother and softer appearance. Treatment can improve textural irregularities such as non-dynamic moderate wrinkles, enlarged pores, superficial acne scarring, rough skin texture, and skin laxity.

\_\_\_\_\_ **Superficial Benign Pigmented and Vascular lesions** - The combination of light and radio frequency energies improves brown spots (pigment imperfections) from sun damage and aging, red blotchiness from spider veins or rosacea (vascular imperfections), and uneven skin texture.

\_\_\_\_\_ **Acne Treatment lesions** - The combination of light and gentle radio frequency energies decreases the acne causing bacteria and reduce sebaceous gland activity. Reduces frequency and severity of acne lesions, and promotes healing of skin after acne breakouts,.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for this procedure as proposed by your physician and agreed upon by you.

## **GENERAL INFORMATION**

Laser treatment may be performed as a singular procedure, in combination with other treatments such as injectable fillers, wrinkle reducers (Botox or Dysport), skin care regimens, or as an adjunct to a surgical procedure. These laser treatments may produce temporary swelling, redness and bruising which resolve in a very short time.

Continuing treatments are necessary in order to maintain the effect of the laser treatments over time. Once treated, effects may be seen in 1-3 weeks, then over 6-12 months "touch-up" treatments may be recommended.

## **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin problems by any means. Improvement of skin wrinkles and imperfections (brown and red discoloration) may be accomplished by other treatments: chemical skin-peels, dermabrasion, or other skin procedures, tissue fillers, or surgery such as a blepharoplasty, face or brow lift when indicated. Improvement of acne may be accomplished with other topical treatments or oral medication. Risks and potential complications are also associated with alternative forms of medical or surgical treatment.

## **RISKS OF LASER TREATMENT**

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following, you should discuss each of them with your Physician to make sure you understand risks, potential complications, limitations, and consequences of wrinkle reducing injections.

Problems associated with the use of lasers can relate to normal occurrences following laser treatment, or potential complications following laser treatments.

**Bleeding and Bruising** - It is possible, though unusual, to have a bleeding episode after laser treatment. Bruising in soft tissues may occur. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba and other "herbs / homeopathic remedies" may contribute to a greater risk of a

bleeding problem. Do not take any of these for seven days before

**Swelling:** Swelling (edema) is a normal occurrence following the laser treatment. It decreases after a few days. If swelling is slow to resolve, medical treatment may be necessary.

**Discomfort & Pain:** Discomfort associated with laser treatment is normal and usually of short duration.

**Skin Sensitivity-** Skin rash, erythema (redness), itching, tenderness and swelling may rarely occur following laser treatment.

**Asymmetry,-** The human body is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to laser treatment.

**Damage to Natural Skin Texture-** Crusting, blistering or burn to the skin may occur.

**Unsatisfactory result-** Laser treatment alone may not produce an outcome that meets your expectations for hair reduction. There is the possibility of a poor or inadequate response from laser treatment(s). Additional laser treatments may be necessary. Surgical procedures or other treatments may be recommended in addition to additional treatments.

**Unknown risks-** The long term effect of laser treatment on tissue is unknown. To date, there are no long term health hazards from laser or electric energies used in this laser system. Both optical and radio frequency have been used for decades in medicine, surgery, and aesthetics without adverse effects. The possibility of additional risk factors or complications attributable to the use of lasers may be discovered.

**Combination of Procedures:** In some situations, laser treatment may be used in addition to tissue filler materials (Restylane, Juvederm, Radiesse), wrinkle reducing agents (Botox or Dysport), or surgery in order to specifically treat areas of the face or to enhance the outcome from laser therapy.

**Pregnancy and nursing mothers-** Animal reproduction studies have not been performed to determine if wrinkle reducing agents could produce fetal harm. It is not recommended that pregnant women or nursing mothers receive wrinkle reducing treatments.

**Drug Interactions-** The *effect* of laser treatments may be potentiated by certain medications or supplements; Accutane in the last 6 months, tetracycline, St. Johns wort in the last 2 weeks.

**Long-Term Effects:** Laser treatment should not be considered as a permanent treatment for the correction of skin problems. Over time, the body overcomes the effect of the laser treatment and the skin problem can reappear. Continuing laser treatment may be necessary in order to maintain the effect of the therapy. Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to laser treatment. Future surgery or other treatments may be necessary. Laser treatments do not arrest the aging process or produce permanent tightening of the skin or improvement in wrinkles.

**INDEMNIFICATION:** Patient is diagnosed by the treating physician of the clinic or medical center where the treatment is performed. The physician and/or the physician's staff will outline the treatment protocol. Medi-Spa Services, LLC supplies the equipment and is NOT diagnosing the patient or prescribing a treatment. A Medi-Spa, LLC affiliate can apprise the physician or physician's staff about the technical characteristics of the laser and discuss attributes of the equipment or provide information to the physician or physician's staff, but Medi-Spa Services, LLC and all Medi-Spa Services, LLC's affiliates do not diagnose or prescribe medical procedures. If a Medi-Spa Services, LLC performs the service it is under the explicit direction of the physician or physician's staff. The patient hereby Indemnify Medi-Spa Services, LLC and all affiliates of any consequences arising from these procedure now and forever.

## **INFORMED CONSENT - LASER TREATMENT - CONTINUED**

### **ADDITIONAL ADVISORIES**

**Mental Health Disorders and Elective Surgery:** It is important that all patients seeking to undergo elective surgery/procedures have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**Sun Exposure - Direct or Tanning Salon:** The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

**Medications and Herbal Dietary Supplements:** There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. These supplements may induce increased sensitivity to light of the laser.

**Travel Plans:** Any procedure holds the risk of complications that may delay healing and delay your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of the procedure can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

### **ADDITIONAL TREATMENT NECESSARY**

There are many variable conditions in addition to risk and potential complications that may influence the long term result of laser treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with laser treatments. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical procedures and treatments or any complications that might occur from the same. Health insurance companies may not pay for laser treatments used to at medical conditions. Please carefully review your health insurance subscriber information pamphlet

### **FINANCIAL RESPONSIBILITIES**

The cost of laser treatment may involve several charges. This includes the professional fee for the treatments and follow-up visits to monitor the effectiveness of the treatment. It is unlikely that laser treatments to at cosmetic problems would be covered by your health insurance. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the injections and will also be your responsibility. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

I understand and unconditionally and irrevocably accept this.

## INFORMED CONSENT - LASER TREATMENT - CONTINUED

### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your Physician may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

### CONSENT FOR PROCEDURE or TREATMENT

1. I hereby authorize \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment:

#### **LASER TREATMENT**

I have received the following information sheet:

#### **INFORMED CONSENT - LASER TREATMENT**

2. I recognize that during the course of the procedure and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.

**INFORMED CONSENT - LASER TREATMENT - CONTINUED**

- 7. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
- 8. I realize that not having the procedure is an option.
- 9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9)  
I AM SATISFIED WITH THE EXPLANATION:**

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_