

NORTH SIDE LASER

CONSENT FOR LASER TREATMENT

I authorize _____ to perform laser skin treatments on me, including, but not limited to, reducing or eliminating hair, the treatment of pigmented lesions (for example, sun spots, age spots, and other skin discolorations), and vascular lesions (for example, red spots, leg veins and small spider veins, but not varicose veins), I understand that the procedure is elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The Palomar Vectus™ Laser is a laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, melanin in hair or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including me, must wear protective eyewear to prevent eye damage from this light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat. If the practitioner or physician elects to use an anesthetic to reduce discomfort during any light-based treatment, all options and risks associated with the anesthetic will be discussed with me.
- The treated area may be red and swollen for two to twenty-four (2-24) hours or longer. Cooling the area after the treatment (for example, ice packs and/or topical gels) may help reduce discomfort and swelling.
- Common side effects include temporary redness (erythema) or mild "sunburn"-like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, peeling, bruising, redness, ingrown hairs, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. There also is a risk of resulting unsatisfactory appearance and failure to achieve the desired result.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently may occur. Freckles may temporarily or permanently lighten or disappear in treated areas.
- Lightening or darkening of vascular lesions may occur.
- Serious complications are rare but possible, such as, scarring, blood clots, skin loss, hematomas (collection of blood under the skin), and allergic reaction to medications or materials used during the procedure,
- I understand and accept that there is a chance of additional side effects like blanching and significant redness.
- There is no guarantee that the expected or anticipated results will be achieved.
- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning cream, not swift/mina to the post-treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (SPF 45 recommended) after treatment.
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth than before.
- There is a high risk of paradoxical hair growth in people of Middle Eastern and Mediterranean descent and those who have an ill-defined hair line with no obvious transition of the hairline to the face.
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment.

(continued)

CONSENT FOR LASER TREATMENT, CONTINUED

- I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s), I understand that all forms of anesthesia and sedation involve risk and the possibility of complications, injury, and in rare instances, death.
- Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications or solos purposes. No photographs or digital images revealing my identity will be used without my written consent. If my Identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission.

Before and after-treatment instructions have been discussed with me, the procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction. _____

I have read and understand all Information presented to me before agreeing and authorizing treatment. I have had all my questions answered. _____

I freely consent to the proposed treatment today as well as for future treatments as needed.

Signature: _____ Date _____

Print name: _____

Witness signature: _____ Date: _____

Print name: _____