



CONSENT FOR LASER/LIGHT BASED TREATMENT

I authorize _____ to perform laser/pulsed light cosmetic dermatology treatments on me, including but not limited to deep tissue heating, soft tissue coagulation, hair removal, treatment of pigmented lesions, vascular lesions, acne, and/or wrinkles or tattoo removal. I understand that the procedure is purely elective, that the results vary with each individual, and that multiple treatments may be necessary.

I understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Lasers/intense pulsed light can cause eye injury and protective eyewear must be worn during treatment.
- I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chance of complications.

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

I freely consent to the proposed treatment. By signing below, I certify that I have read and fully understand this consent form as well as the attached Exclusionary Criteria, that the procedure, potential benefits and risks, along with the before and after treatment instructions have been explained to me, and that all of my questions have been answered.

Patient's Signature: _____ **Date:** _____

Print Name: _____

Witness Signature: _____ **Date:** _____



Laser Vein Treatment Instructions

Pre-treatment Instructions:

- Please bring an ace bandage for each area to be treated.
- Use SPF30 sunblock on all treatment areas that are sun exposed for at least 2 weeks.
- Tell us if you have taken Accutane in the past six months or are planning to start.
- Tell us of any changes in medical history since your last visit.
- Shave the area to be treated within 12 hours before treatment if necessary. We can shave and prep you at the regular hourly rate. Schedule additional time for prep with the front desk.
- Apply topical anesthetic as directed prior to coming in for your appointment.
- Diabetic patients must have clearance for this treatment from their primary care physician.

Prior to treatments, Do Not's:

- On the day of treatment - Please DO NOT wear tight fitting clothes over the area to be treated; wear loose clothing over area to be treated i.e. loose long skirt, or loose pants.
- Do NOT use aspirin, NSAID's (aspirin, ibuprophen, Naprosyn, Motrin, Alleve, etc.), vitamin E, or supplements containing: angelica root, ginko biloba, garlic, ginger, feverfew, dong quai, chamomile, clove, or licorice for 7 days prior to treatment (garlic, ginger, and clove can be used in normal amounts in cooking).
- Do NOT use tetracycline, vibramycin, erythromycin, Zithromax, or St. John's Wort for 7 days before treatment. These make you photosensitive.
- Do NOT take iron supplements or vitamins containing iron within three weeks of a vein treatment.
- Do NOT drink alcohol 24 hours before treatment.

Post treatment instructions:

- Use SPF30 sunblock on all treated areas **daily** for one month.
- Apply cold compresses or ice if needed to decrease swelling and redness.
- Use ice pack or Hydrocortisone Cream for irritated or red areas. Use Polysporin antibiotic ointment on blisters until it dries. Use Aquaphor ointment after it dries.
- Use support hose 20-30 psi worn continuously for three to five days.
- Leave pressure(ace) bandage on for 24-48 hours.
- Gently wash treated areas twice a day with tepid water and mild soap.

Post treatment, Do Not's:

- Do NOT exercise for a week after treatment.
- Do NOT use alcohol, aspirin, Advil, or any blood thinners for a week.
- Do NOT take hot showers, baths, use hot tubs, or saunas for a week.

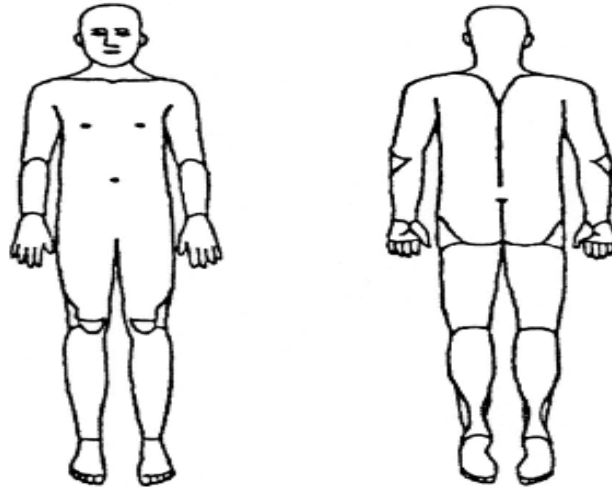
Post treatment expectations:

- Expect some redness, swelling, and increased sensitivity which may then convert to a "cat scratch" scab for 2-3 weeks.
- Leg vein resolution usually takes about 8-12 weeks. Facial vein resolution takes up to 2 weeks. At the end of this process, some vessels may be gone while others may be lighter or not affected.
- Please call us at the first sign of persistent pain or blistering at **949-499-5311**.



NAME: _____ D.O.B. _____ SKIN TYPE: _____

1064 Vein Treatment Record



Date	Spot size	Joules/cm2	Pulse width	Pulse count/time	Area treated	Technician

Tx #: _____

Photo Taken _____

Since Last Treatment

Pregnancy - _____ Sun Exposure - _____

New Medications - _____ Change in Med Hx. - _____

Complications after last tx. _____

Today's treatment

Topical anesthetic applied: _____ minutes

Make up removed/face/area cleaned _____ Goggles or eyepiece used _____

Humatrix gel applied Pre tx _____ Post tx _____

Pre Cooling _____ Post Cooling _____

Reaction to today's Tx: none mild moderate severe

Clinical endpoints achieved _____

Erythema ☐☐☐☐☐☐ _____

Blistering ☐☐☐☐☐ _____ ☐ _____

Area wrapped with pressure bandage _____

Post care instructions reviewed _____

Notes:

Follow up phone call : _____

Medical Director signature and review date: _____