



## 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:** \_\_\_\_\_



## **Lux1540 Fractional Laser Treatment**

### **Instructions**

#### **Pre-treatment requirements:**

- Tell us if there has been any change in medical history since your last visit.
- Tell us if you have taken Accutane in the past 6 months. No Accutane 1 month prior to treatment.
- Use SPF 30 sunblock to treatment areas that are sun exposed for 2-4 weeks prior to treatment. This will reduce the chance of increased irritation during treatment
- Although tretinoin use in the area to be treated is not absolutely contraindicated, it is known to make skin more sensitive and prone to exfoliation. It is better to discontinue the use of exfoliating creams and other exfoliating products two weeks prior to and during the entire treatment course.
- Active infections and immunosuppression compromise the healing ability of the body. Please contact our office if you develop an active infection of any kind to reschedule treatment to a time when infection is cleared.
- Treatment should only be applied to intact, healthy skin, with the exception of acne-affected skin. Please reschedule if area to be treated has open lesions.
- If you have previously suffered from facial cold sores, there is a risk that this treatment could contribute to a recurrence. Speak to your physician about medications that may minimize a recurrence.
- Do NOT use make up the day of your treatment. Skin in the treatment area should be clean and hair free except for the topical anesthetic which should be applied as directed before coming for your appointment.
- Do NOT use tetracyclines, vibramycin, erythromycin, Zithromax or St. John's Wort for seven days prior to treatment. These can make you photosensitive.
- Diabetic patients must have clearance for this treatment from their primary care physician.

#### **Post treatment requirements:**

- Application of cool gel packs and topical creams immediately following treatment can help alleviate post treatment itchiness and stinging that may occur.
- Edema, and sometimes blanching is expected immediately post treatment and generally resolves within 24-48 hours. It may last up to 3-5 days in some clients. Please contact your physician if you develop signs and symptoms of skin infection.
- Clients may experience significant redness, broken capillaries or bronzing in the treatment area for 1-3 days after treatment. This may persist in a mild form for several weeks particularly in areas other than the face.
- Gentle cleansing and use of non-irritating cosmetics is permitted after treatment. The use of Retinoids should be avoided during the treatment period.
- New skin will begin to form and it is essential to avoid injury and sun exposure at least two weeks following treatments. It is highly recommended that clients use a sunscreen with SPF 30 or higher containing UVA/UVB protection along with a sun blocker such as zinc oxide or titanium dioxide between treatments.
- Clients should also continue to use SPF 30 or higher up to 6 months following final treatment whenever they are outside.
- Once the treatment area has healed, some itching or dryness may occur. This will gradually clear. The use of non-irritating moisturizers may provide some relief.

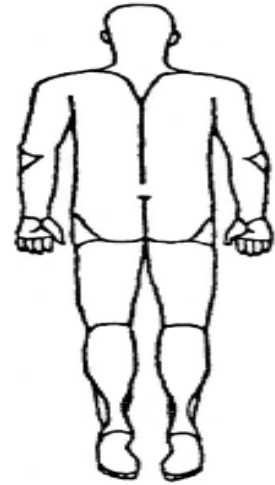
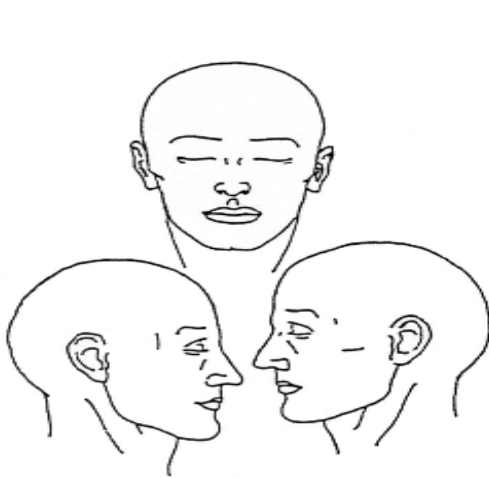
#### **Post treatment expectation:**

- Please call us at the first sign of persistent pain or blistering at **949-499-5311**



NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SKIN  
TYPE: \_\_\_\_\_

### 1540 Fractional Laser Treatment Record



Date	Laser Handpiece	Joules/cm2	Pulse Duration	Pulse Count	Area Treated	# of Passes	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 Post tx \_\_\_\_\_

Post Cooling \_\_\_\_\_

Reaction to today's Tx: none mild moderate severe

Erythema \_\_\_\_\_

Edema \_\_\_\_\_

Post care instructions reviewed \_\_\_\_\_

Notes:

\_\_\_\_\_

Follow up phone call: \_\_\_\_\_

Medical Director signature and review date: \_\_\_\_\_