

Cynosure Laser Consent Form

Patient Name (print): _____ Date: _____

Medical Director (the "Physician"): Dr. John Chois, D.O.

Provider's Name (the "Provider"): Lorriel S. Blaise, FNP-C

Provider's Name (the "Provider"): Magdalena Badoic ARNP-C

You have the right to be informed about your skin condition and treatment so that you can make the decision whether or not to undergo the above-referenced procedure after knowing the risks and benefits involved. This information is not meant to alarm you, but to better inform you so that you may give or withhold your consent for the treatment of your cosmetic condition as well as help you formulate additional questions that you may not have asked during your consultation.

Usage and Procedures: The Cynosure Icon, PicoSure & Vectus Laser System is used for the following treatments: Fine & Deep Lines & Wrinkles, Acne & Surgical Scars, Stretch Marks, Melasma, Facial Veins, Sun Damage, Spider Veins, Hair Removal, Tissue Coagulation, and PhotoRejuvenation.

- Fractional+1540 | PicoSure Focus Lens Array | IPL Photo Rejuvenation | +1064 Yag: The procedure requires multiple treatments over a period of 2-6 months depending on modality & area being treated. Photographs will be taken at each visit. These photos will be used to monitor your progress and may be used for publication or presentation in a scientific journal or lecture. Your identity will remain confidential. All make up, if any, will be removed prior to the procedure. You will be interviewed to obtain information regarding your medical history and a clinical examination will be conducted to assess your skin type and to determine if you are a good candidate for this treatment.
- Vectus Laser Hair Removal: Successful reduction in hair usually occurs in 6-8 sessions and varies depending on skin and hair type and color. Some individuals may require more treatments for significant hair reduction, and occasionally some individuals will see very little hair reduction with these treatments. For long term results, periodic maintenance treatments, the number and frequency of which are dependent on the body's natural hair growth cycles, are usually required. Despite all efforts, laser treatments may fail to remove unwanted hair.
- Eye Exposure: Protective eyewear will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure
- Number of Treatments: The number of treatments for any of the above-referenced procedures and treatments may vary. The number of treatments needed to clear pigmented lesions & clear facial vessels is unknown.

Possible Risks and Side Effects: Possible risks and effects involved in receiving this treatment include but are not limited to:

- Pain: Some people may feel some pain with this treatment similar to snapping to skin with a rubber band.
- Reddening: Laser treatment will cause a reddening of the area. This will subside in one to two weeks.
- Swelling: Laser treatment will cause swelling, which will subside in a week or less.
- Pigment Changes: Although extremely rare, the treated area may heal with increased pigmentation (increased skin color). This occurs most often with darker skin and after exposure of the area to the sun. You may have experienced this type of reaction before and noticed it with

minor cuts or abrasions. The treated area must be protected from exposure to the sun (you must wear sunscreen for 4 weeks after the treatment) to minimize the changes of too much pigmentation (increased skin coloring). These will usually fade in 3-6 months. In some cases, however, the pigment change can be permanent. This is why you are encouraged to use sunscreen daily. In some patients who experience pigment alteration, the treated area loses pigment and becomes a lighter color than the surrounding skin. This type of reaction tends to gradually fade and return to normal over a period of 2-4 months.

- **Scarring:** There is a small chance of skin scarring, including abnormal raised scars. Scarring is a possibility because of the destruction of the skins surface.
- **Bleeding:** The laser treatment may cause some pinpoint bleeding which usually stops within a few minutes without any lasting effects. The bleeding may not reach the upper level of the skin and may result in a dark reddening of the skin. The red will darken to a purple and a purple – yellow and disappear in 1-2 weeks.
- **Blistering:** The laser procedure may produce heating in the upper layers of the skin resulting in a steam formation. The steam may produce a separation between upper and middle layers of the skin resulting in a blister. The blisters will go away within 2-4 days.
- **Scabbing:** A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin.
- **Infection:** If a blister or bleeding is present then infection of the wound is possible. Any blistering or bleeding must be dressed with an anti-biotic ointment and covered. An infection could last 7-10 days and can lead to scarring.

Post-Treatment Instructions: It is important to follow all post treatment instructions carefully. Please contact our office immediately should you have any concerns regarding your treatment.

Acknowledgments

_____ I hereby authorize Gentle Touch Medical Aesthetics & Wellness Spa to perform laser treatments to my desired areas utilizing the appropriate modalities with the Cynosure Laser Systems.

_____ This procedure has been explained to me in detail. I have been advised of the risks involved and the expected benefits of undergoing procedures using the Cynosure Laser Systems.

_____ I understand that the practice of medicine is not an exact science and possible complications may arise. I understand that whilst every precaution will be taken to prevent complications and that whilst complications from this procedure are rare, they can and sometimes do occur. Accordingly, I agree to hold harmless and release from any liability the Medical Director and Provider, in their individual and official capacities with Gentle Touch Medical Aesthetics & Wellness Spa, as well as any other officers, medical directors, agents, employees, or successors in interest of Gentle Touch Medical Aesthetics & Wellness Spa for any condition or result, known or unknown that may arise as a consequence of any treatment that I receive.

_____ I understand that while results are expected, this procedure is performed with no guarantee (whether expressed or implied) as to success, specific result, or cure.

_____ I agree that this procedure is being voluntarily performed.

_____ I have read and understand the information contained in this document, have been provided ample opportunity to ask questions, and have been advised of all possible risks and side effects.

_____ I understand that this consent form is valid until all or part is revoked by me in writing.

Patient Signature: _____ Date: _____

Provider's Signature: _____ Date: _____