



**LASER GENESIS, TITAN, IPL, PDT,
AND VEINS**

PATIENT CONSENT FORM

Please read the following information carefully. **Do not sign it until you have spoken to Dr. Christian and had all your questions answered.**

PATIENT NAME: _____

I understand the following points about Cosmetic Laser and Light-based Procedures in general:

- These procedures are elective; I do not require them.
- Although most patients see improvement following laser and light-based procedures, there is a possibility that my skin will not have an optimal response.
- Photographs may be taken and may be used for educational purposes.
- The most likely possible complications/risks involved with cosmetic laser and light-based procedures and their subsequent healing periods include, but are not limited to, blistering, infection, scarring, and possible changes in skin color, either lighter or darker.
- Typically, following the treatment of pigmented lesions with IPL, the treated areas will darken initially. Crusting or flaking will occur for up to ten days following treatment.

I am aware of the following possible experiences/risks:

- DISCOMFORT – A mild to moderate thermal pain may be experienced during treatment, in particular with IPL, treatment of veins, and PDT.
- WOUND HEALING – While not expected, some swelling or blistering of the treated area may occur after treatment of veins. Skin INFECTION is a rare possibility whenever a skin procedure is performed. If blistering or signs of infection develop, such as pain, heat or surrounding redness, please call Dr. Christian at 800-710-3839.
- PIGMENT CHANGES (Skin Color) – There is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin's surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully, in particular using ice when recommended and avoiding tanning before and after treatments.
- EYE EXPOSURE – Protective eyewear (shields) 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 or pulsed light exposure.
- TREATMENTS – The number of treatments may vary.

ACKNOWLEDGMENT

I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON-REFUNDABLE.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER GENESIS, TITAN PROCEDURE, IPL, PDT, AND TREATMENT OF FACIAL VEINS, AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Patient Signature

Print Name

Date

8/02/10