

Patient Information and Consent Medical/Laser Treatment

This consent form includes general descriptions of various dermatological laser treatments, including possible benefits and risks that may occur as a result of these treatments. Your doctor or nurse will describe and discuss the specific details of your procedure with you and answer your questions.

Please read carefully the applicable sections of this consent form. This form may contain words that are unfamiliar to you. Please ask your doctor or one of his staff to explain any information you do not clearly understand. You may take home an unsigned copy of this consent form to review or discuss with family or friends before making your decision.

Procedures

Enhanced skin rejuvenation, wrinkle reduction and/or treatment of vascular & pigmented lesions

Non-ablative (no removal of body tissue) laser treatment is a technique for eliminating blemished areas from the skin and improving skin texture. This is a useful treatment method for both aging and sun-damaged skin. Non-ablative lasers are designed to penetrate into the lower layers of the skin without injuring the outer layers. Enhanced skin rejuvenation requires the use of two different laser systems.

A topical anesthetic may be applied prior to treatment to reduce discomfort during the procedure. Photographs of the treatment area may be taken for your medical chart and future comparison. Multiple treatments may be necessary to achieve complete satisfaction. Short-term redness can be expected.

Benefits of this treatment include the possible reduction of the fine wrinkles and reduction or elimination of unsightly-pigmented lesions like solar spots or uneven skin color. Small red and blue vessels may be reduced or diminished.

There may also be possible hair removal at site of treatment.

Acne Treatment

Non-ablative (no removal of body tissue) laser treatment is a technique for treating acne lesions on the face, chest, neck and back. Non-ablative lasers are designed to penetrate into the lower layers of the skin without injuring the outer layers.

A topical anesthetic may be applied prior to treatment to reduce discomfort during the procedure. Photographs of the treatment area may be taken for your medical chart and future comparison. Multiple treatments may be necessary to achieve complete satisfaction. Short-term redness and/or swelling can be expected.

Benefits of this treatment include the possible reduction of acne lesions and a reduction in the severity of lesions.

Medical/Laser Treatment

Treatment for Vascular Lesions (Unsightly Leg Veins)

Unsightly veins that result from heredity, pregnancy, trauma and/or the normal aging process not necessary to the circulatory system can be removed without creating a health problem.

The laser system is designed to treat veins safely and effectively. The laser light penetrates the vessels and generates heat, resulting in blood coagulation and a vessel that can be effectively treated. Benefits of this treatment include the possible reduction or elimination of superficial and/or deep veins.

A topical anesthetic may be applied prior to treatment to reduce discomfort during the procedure. Photographs of the treatment area may be taken for your medical chart and future comparison. Multiple treatments may be necessary to achieve complete satisfaction. Short-term redness and/or swelling can be expected.

Recurrence of vessels at the treated sites is also a possibility. There may also be possible hair removal at treatment site.

Laser Hair Removal/Pseudo Folliculitis

The laser system is designed to target and destroy the hair follicle. The procedure involves shaving the hair from the treatment area. A topical anesthetic may be applied to reduce discomfort associated with laser treatment. Photographs of the treatment area may be taken for your chart and future comparison.

Possible benefits of this treatment are delayed re-growth of the hair, lightening of the hair, decreased density of the hair and long-term or permanent reduction in the number of hairs growing in the treatment areas. Multiple treatments are required to achieve hair removal. Short-term redness and some edema may be expected.

Recurrence of hair growth at treatment sites is also a possibility.

General Risks

Eye injury due to use of the laser is a risk to the patient and to the clinician; however, the risks are almost completely eliminated with the use of proper eyewear.

Possible risks or discomforts may include pain, burning, blister formation and stinging sensation, infection, pigmentary changes, including decrease or increase in skin color at the site of treatment, scar formation, laser-induced cold-sore-like blistering, skin eruptions known as herpetic skin eruptions at the site of treatment, and poor cosmetic outcome.

Consent for Medical/Laser Treatment

Policies

Students/trainees/staff may be present in the room for procedures and consultations for instructional and training purposes.

Patient Consent for Treatment

My signature below constitutes my acknowledgement that I _____,
(Print name)

am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I (or my parent or legal guardian):

- Have read and understand the information provided in this form
- Have had my procedure adequately explained to me by my clinician
- Have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction
- Have received all of the information I desire concerning my procedure;
- Consent to photographs of the treatment area
- Consent to students in the procedure room for instructional purposes
- Understand all post-treatment recommendations and agree to adhere to them
- Freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure
- Have the right to consent to or refuse any proposed procedure at any time prior to its performance
- Must notify the clinician if my medical history changes prior to subsequent treatments
- Consent to, and authorize, Dr. James Patenge, DO and certified staff to perform the laser treatment for _____.

(Print name of laser procedure to be done)

The possible benefits, risks and complications of the proposed treatment have been fully explained to my satisfaction. I have been told of the common risks/complications of the treatment. I understand that the practice of medicine and surgery is not an exact science, and that, while good results are expected, I have been provided no guarantee or warranty, express or implied, as to the results to be obtained by this procedure.

Signature of patient or legal representative

Date

If signed by other than patient, indicate relationship: _____

This informed consent for medical laser treatment was read and signed in my presence:

Witness: _____

Signature

Printed name

Date