

Informed Consent - Pigmented Lesion Treatment

I understand that the removal or lightening of pigmented lesions is a procedure that involves using a laser. Some discomfort may be experienced during laser treatment. I understand that there is a possibility of rare side effects such as swelling, blistering, or a sunburn sensation may occur. Crusting or flaking of the treated area may occur and take up to 3 weeks to slough off. Once any of these conditions have healed, the treated area may still be sensitive to the sun for an additional two to three weeks, or possibly longer in some patients. During the healing process, there is a slight possibility that the treated area may become darker (hyper-pigmentation) or lighter (hypo-pigmentation) in color. If I have a suntan the surrounding area may also lighten. This is usually a temporary condition; however, on rare occasion it can be permanent. It is important that I follow all post-treatment instructions carefully.

Initials \_\_\_\_

I understand that sun exposure, tanning beds, sunless tanning lotions, and tanning creams are to be avoided for at least 4 weeks prior to, during and four weeks after the course of laser treatment or I risk a possible pigment change or blistering. Sunscreen of SPF 30 or higher should be applied during treatments.

Initials \_\_\_\_

I understand this procedure involves the use of a laser and the treated area may turn darker in color, flake, or crust. It is a possibility the results will be minimal or not help at all. I realize each individual’s response is different; therefore it could require multiple treatments to achieve desired results.

Initials \_\_\_\_

I also understand that once I've started my treatment program there are no refunds.

Initials \_\_\_\_

The aesthetician has explained the nature and purpose of pigmented lesion removal, including any risk and possible complications, and it has been discussed the contents of this form with me.I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am competent adult of at least 18 years of age, or that, if I am a minor under the age of 18, I understand that the consent of my parent/guardian having legal custody will also be required before treatment. I agree and adhere to all safety precautions and regulations during the skin treatment. I further agree to follow all post-peel care instructions as I am directed. I further understand that the aesthetician cannot guarantee the results and I will not hold Spa310 or its employees responsible for my individual results of this treatment that I have requested.

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Practitioner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

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I consent to photographs and digital images being taken to evaluate treatments effectiveness, for medical education, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission. \_\_\_\_\_\_ (Please Initial)

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_