



Laser Treatment Consent Form

This form is designed to provide you with the information you need to make an informed decision on whether or not to have the Laser Treatment procedure performed. If you have any questions or do not understand any part of this consent, please do not hesitate to ask us.

I have requested treatment on the following areas: Face Neck Chest Hands Arms Other

A member of Drs. Ray and(or) Pruetts staff has explained the nature of my condition, the nature of the procedure and its alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. This treatment is intended for Rejuvenation in addition to treatment of benign pigmented lesions. I understand that optimal results are achieved with a series of treatments and that I will probably not see maximum results after one treatment. The treatment plan has been fully explained to me. Just as there may be benefits to the procedure proposed, I understand that all procedure involve risks to some degree.

Pain- Some patients feel discomfort during the treatment for which a topical anesthetic cream will be applied prior to the treatment. I will inform the staff of Lidocaine allergy. Additional topical anesthetic cream will be applied just prior to the treatment. A mild burning sensation may last for the first several days post treatment.

Swelling- Some swelling may occur immediately after treatment. This is temporary and not harmful but may last for the first several days. Cold packs may reduce the swelling.

Pigment Changes- The treated areas will probably heal without any pigment changes. However there is always the chance that hyperpigmentation (darker) or hypopigmentation (lighter) areas may occur. These are temporary and will fade within 1-6 months. Avoid sun exposure before and after treatment as exposure to the sun may intensify the pigment changes. It is rare that a change is permanent.

Blistering or Scarring- Blistering occurs occasionally and needs to be reported to the office for additional post care instructions. Scarring is very rare therefore it is important to follow all the post-treatment instructions carefully.

Herpes Simplex- Herpes simplex eruption may result in rare cases in a treated area that has previously been infected with the virus. This reactivation can be avoided by taking an Anti-viral prior to the procedure.

No Guarantees- Because all individuals are different, it is not possible to completely predict the benefits from the laser treatment. No guarantees or promises can be made concerning the results of the treatment. Some patients will have a very noticeable improvement, while other may have little or minimal improvement. Optimal results are achieved with a series of treatments, as you will probably not see results after only one treatment.

Photographs- If Pre and Post-Treatment photos and/or videos are taken of the treatment for record purposes; I understand that these photos will be property of Drs. Ray and Pruetts. I understand that these photos may be used for diagnostic, educational, advertising, or record keeping purposes.

Cancellation- We request the courtesy of a 24 hour notice in the event an appointment needs to be cancelled or rescheduled. A \$75 no-show fee for Laser will apply in the event that an advanced cancellation notice is not given. Appointments made on the day of service will be accessed a no-show fee should a cancellation become necessary

No Refunds- I understand that this office has a no refund policy for all cosmetic treatments performed.

By my signature, I acknowledge that I have read the foregoing informed consent form and have been adequately informed of the expected benefits of his treatment, risks of the treatment, alternative methods of treatment, and the risks of not treating my condition. I hereby consent to the procedure.

Patient Signature Date

Staff Signature Date