



Laser Treatment Consent Form

Patient name: _____

Treatment sites: _____

I duly authorize Med Aesthetics Miami to perform Laser/IPL treatments using the following machines:

- **Vbeam**
- **Smoothbeam**
- **Gentlelase**
- **GentleYag**
- **GentleMax**
- **AlexTriVantage**
- **Smooth Peel**
- **Ellipse 12PL**
- **Soprano Ice**

The laser/IPL is a device that produces an intense but gentle burst of light.

For hair, this light destroys hair follicles while the device's handpiece cools the surrounding skin. Because the laser needs to fill the hair follicle to work effectively, it is important not to wax, tweeze, have electrolysis procedures, or pluck hair for 2-4 weeks prior to the procedure.

For lesions, this light is absorbed by and causes selective heating of certain cells in the unwanted lesion. Lesions will usually fade over time as these destroyed cells are eliminated by normal body processes.

My eyes will be covered with laser/IPL -specific safety eyewear to protect them from the intense light. My eyes will be closed and I will not attempt to remove the eye protection during treatment.

I am aware of the following possible risks and side effects of this procedure:

- Purpura (red-purple discoloration, bruising)
- Itching (hive-like response which lasts 2-3 hours to 2-3 days)
- Herpes simplex virus activation
- Burns, blisters, scabbing, crusting, skin color and/or textural changes
- Hyperpigmentation (darkening of the skin, transient or long term)
- Hypopigmentation (lightening of the skin, transient, long term, or possibly permanent)
- Scarring (rare, possibly permanent)
- Folliculitis, which is an infection of the hair follicle, it may take several days to resolve.

These possible adverse effects have been fully explained to me.

Anesthesia is usually not necessary. My provider or I may elect to use a form of topical anesthesia to reduce any discomfort during the procedure. A cryogen spray skin cooling device may be used during the procedure to decrease discomfort and protect the skin. All anesthesia options and risk will be discussed with me in advance.

I understand that immediately following the laser treatment, redness, swelling, discomfort, bruising, and discoloration may develop at the treatment site. I further understand that any discoloration may last 7-14 days, and swelling should resolve within several days. Discomfort may be treated with the application of cool compresses or topical soothing agents.

For hair removal: I understand that clinical results of Laser Hair Removal may vary depending on individual skin type, hormonal levels, and hereditary influences. Some patients may experience partial results and some may notice no improvement at all. Treatment of dark, coarse hair generally achieves the best results while light, fine hair generally requires additional treatments which may or may not be successful.

For lesions: I understand that complete clearing may not be possible and will depend upon the type, age, and color of the lesion. Multiple treatments may be needed for the best results. Also, other methods of treating this condition have been discussed with me such that I may assess the risks and benefits of these alternative methods.

- I have provided my past and current medical history and medications.
- I am not pregnant.
- I have had the opportunity to ask questions about the procedure. My questions have been answered, and I understand the information given to me.
- Contraindications to the performance of this procedure have been discussed in detail with me.

I have read and understood all information presented to me before signing this consent form.

Patient name (print): _____

Patient Signature: _____

Date: _____

Witness: _____