

Patient Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director (the "Physician"): Dr. Praful Ramineni

Provider's Name (the "Provider"): \_\_\_\_\_

*You have the right to be informed about your skin condition & treatment so that you can make the decision whether or not to undergo the procedure after knowing the risks and benefits involved. This information is not meant to alarm you, but to better inform you so that you may give or withhold your consent for the treatment of your cosmetic condition as well as help you formulate additional questions which may not have been covered in consultation.*

You will be treated with the Palomar Icon Non-Ablative Fractional Laser. The Fractional Laser will be used for dermatological procedures requiring soft tissue coagulation. The treatment will be for the following indications: fine and deep lines and wrinkles, acne and surgical scars, stretch marks, melasma, hyperpigmentation, facial vessels, sun damage, tissue coagulation and photorejuvenation.

### **Explanantion of Procedures:**

The procedure requires multiple treatments (average of 8) with a frequency of every 4-6 weeks. Photographs will be taken throughout the process to monitor your progress and may be used for publication or presentation in a scientific journal or lecture. Your identity will remain confidential. All make up, if any, will be removed prior to the procedure. You will be interviewed to obtain information regarding your medical history and a clinical examination will be conducted to assess your skin type and to determine if you are a good candidate for this treatment. Protective eyewear 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 exposure following your treatment, you may experience swelling and redness, similar to a sun burn for the first several days. Light peeling of the skin may also occur.

### **Alternative Procedures:**

Fractional lasers are a voluntary elective cosmetic procedure and therefore not required.

### **Risks and Discomforts:**

Risks and discomforts involved with this treatment include but are not limited to:

- **Pain** - Some people may feel some pain with this treatment similar to snapping to skin with a rubber band.
- **Redness** - Laser treatment will cause a reddening of the area. This will subside in a few hours to a few days.
- **Swelling** - Laser treatment will cause swelling, which will subside in a week or less.

- **Pigment changes** - Although extremely rare, the treated area may heal with increased pigmentation (increased skin color). This occurs most often with darker skin and after exposure of the area to the sun. The treated area must be protected from exposure to the sun (you must wear sunscreen for 4 weeks after the treatment) to minimize the changes of too much pigmentation (increased skin coloring). These will usually fade in 3-6 months. In some cases, however, the pigment change can be permanent; therefore you are encouraged to use sunscreen daily.
- **Scarring** - There is a small chance of skin scarring, including abnormal raised scars. Scarring is a possibility because of the destruction of the skin's surface.
- **Bleeding** - The laser treatment may cause some pinpoint bleeding which will probably stop within a few minutes without any lasting effects. The bleeding may not reach the upper level of the skin and may result in a dark reddening of the skin. The red will darken to a purple and a purple-yellow and disappear in 1-2 weeks.
- **Blistering** - Extremely rare. The laser procedure may produce heating in the upper layers of the skin resulting in a steam formation. The steam may produce a separation between upper and middle layers of the skin, resulting in a blister formation. The blisters will go away within 2-4 days.
- **Scabbing** - A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin.
- **Infection** - Very rare. If a blister or bleeding is present, an infection of the wound is possible. Any blistering or bleeding must be dressed with an antibiotic ointment and covered and treatment given.

### Acknowledgments

\_\_\_\_\_ I hereby authorize Courté at The St. James to perform laser treatments to my desired areas utilizing the appropriate modalities with the Cynosure Laser Systems.

\_\_\_\_\_ This procedure has been explained to me in detail. I have been advised of the risks involved and the expected benefits of undergoing procedures using the Cynosure Laser Systems.

\_\_\_\_\_ I understand that the practice of medicine is not an exact science and possible complications may arise. I understand that whilst every precaution will be taken to prevent complications, and that whilst complications from this procedure are rare, they can and sometimes do occur. Accordingly I agree to hold harmless and release from any liability the medical director and provider, in their individual and official capacities with Courté at The St. James, as well as any other officers, medical directors, agents, employees, or successors in interest of Courté at The St. James for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

\_\_\_\_\_ I understand that while results are expected, this procedure is performed with no guarantee (whether expressed or implied) as to success, specific result, or cure.

\_\_\_\_\_ I agree that this procedure is being voluntarily performed.

\_\_\_\_\_ I have read and understand the information contained in this document, have been provided ample opportunity to ask questions, and have been advised of all possible risks and side effects.

\_\_\_\_\_ I understand that this consent form is valid until all or part is revoked by me in writing.

Please contact our office immediately should you have any concerns regarding your treatment. .

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_