

## Laser/Light based Treatment Consent

I authorize to perform laser/light based treatments that may include skin rejuvenation, pigmentation issues and/or removal or treatment of vascular lesions. I understand that the procedure is purely elective and I have chosen to receive treatment for:

Skin Rejuvenation

Vascular Lesions

Tattoos

Acne

Pigmented Lesions

I understand that serious complications are rare but possible. Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to three to four days or longer. Pigment changes (light or dark spots on the skin) lasting one to six months or longer may occur. In addition, freckles in the treated area may temporarily or permanently disappear. Other potential risks include crusting, itching, pain, burns, infection, scabbing, swelling and failure to achieve the desired effect. Laser light can cause eye damage and provided protective eye wear must be worn during treatment.

I understand that no guarantees can be promised regarding the results of the use of the Laser. I understand that every individual may respond differently. I understand that sun and tanning light exposure and not adhering to the post care instructions provided to me may result in my chance of complications. **If this is a tattoo removal procedure I understand that it can take 5-15 sessions for this process to be effective.**

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent.

"Before and After Instruction" have been discussed with me. The procedure, as well as potential benefits and risks, have all been explained to my satisfaction. I have had all of my questions answered.

I hereby give my consent and authorization voluntarily and release this establishment and it's agents of any claims that I have or may have in the future in connection with these treatments.