

All Care Laser Center
CONSENT FORM FOR LASER SKIN THERAPY

I, _____ hereby authorize and direct any associate of All Care Medical Laser Center to perform Laser Non-Ablative Skin Therapy on me. I understand that this procedure works on promoting vibrant and healthy looking skin by creating a thermal response in the dermis that stimulates new collagen. I understand that multiple treatments are required and it is possible the result will be minimal or not help at all.

I am aware of the following possible experiences/risks:

- **DISCOMFORT** – A slight warming sensation may be experienced during treatment.
- **REDNESS/SWELLING/BRUISING** –Short term redness (erythema) is common and swelling (edema) of the treated area may occur. Additionally, there may be some bruising.
- **PIGMENT CHANGES** (Skin Color) – During the healing process, there is a slight possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may take 3 to 6 months to resolve or it may be permanent.
- **WOUNDS** – Treatment can result in burning, blistering or bleeding of the treated areas. If any of these occur, please call our office.
- **INFECTION** - Infection is a rare possibility whenever the skin surface is disrupted, though proper wound care should prevent this. If signs of infection develop, such as pain, heat or surrounding redness, please contact our office.
- **SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin's surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- **EYE EXPOSURE** – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.
- **GUARANTEE:** Due to the nature of this treatment an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained. I understand that payments for laser treatments are non-refundable.
- **PRE AND POST CARE:** I understand that compliance with the recommended aftercare be followed as it is crucial for healing, prevention of scarring and hyperpigmentation.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures such as topicals, microdermabrasion or surgery.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period.

For women of childbearing age. By signing below I indicate that I am not pregnant. Furthermore, I agree to keep the staff at All Care Laser Center informed should I become pregnant in the course of treatment.

Photographic documentation will be taken. I hereby allow All Care Laser Center to use any such photographs for the purpose of marketing and advertising

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Lisa Ricciardelli, Debra Keating, Kristina Lerner, Elizabeth Simone, Casey Frost, Dr. Azar A. Korbey and All Care Laser Center PLLC from all liabilities associated with the above indicated procedure.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that additional treatments may be necessary for desired results. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during treatment. I understand that payments for laser treatments are non-refundable.

ACKNOWLEDGMENT: BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER TREATMENTS AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date