



Erbium Laser Skin Resurfacing Patient Consent
(NanoLaser Peel (NLP) / MicroLaserPeel (MLP) / Fully Ablative Laser)

I, _____, authorize
_____, to perform a NanoLaser Peel, MicroLaser Peel or
Fully Ablative Laser Resurfacing on the following area(s) of my body:

Review of facts about laser light therapy

- The 2940 nm Erbium YAG laser wavelength of NLP and MLP is delivered through a scanning device that precisely removes layers of skin by vaporizing (heating to high temperature) the water within tissue. This is an ablative laser.
- Laser resurfacing can: improve sun damage, improve lines and wrinkles, improve irregular pigmentation and flatten and improve scars. Laser resurfacing cannot: significantly improve skin laxity (Facelifts & Surgery are procedures for improving laxity), remove all lines/wrinkles, totally remove all hyperpigmentation, remove deep scars and remove broken/dilated blood vessels.
- Laser treatment procedures may produce scanning patterns visible on the skin. This event usually fades after the healing phase.
- Light from a laser is harmful to eyes and wearing special safety eyewear is necessary during the procedure.
- The procedure necessitates a post treatment wound care regimen that must be strictly followed.
- Redness and exfoliation (flaking of skin) is associated with this procedure and may last from 1 – 14 days or more depending on the depth of the laser peel performed. It is not unusual for deeper MicroLaser Peel treatments and Fully Ablative treatments to take weeks for the skin to fully heal. There may also be initial weeping or crusting. Keeping the area moist with a light application of our occlusive barrier ointment will aid in the healing process.
- A topical anesthetic may be used to aid in comfort. The treatment may feel like pin pricks, bursts of heat or similar to a hot iron. There can be severe allergic reactions to ingredients in topical anesthetics. Patient's with known allergies to anesthetics must list them here:.....

Pre-treatment considerations

_____I do not have a history of cold sores. If I am prone to cold sores I have informed The Naderi Center for Cosmetic Surgery Specialists and have been placed on an anti-viral medication and will take this as instructed.

_____I have not been on Accutane in the last 12 months.

_____I am not pregnant nor breast-feeding and at no risk of pregnancy.

_____I have not had a facial, chemical peel, laser, micro-planing nor been on Retina-A, Hydroquinone, Retinols, Renova, Differin for three days prior to my treatment

_____I have not had sun exposure and have not been using any self-tanning lotions for four weeks prior to my treatment.

Side effects and risks of laser resurfacing

- Pain, prolonged redness, broken capillaries, white heads & pimples, hyper and/or hypopigmentation, infection, bleeding, scarring, sensitivity, allergic reactions, damage to eyes and/or surrounding structures, burns, dissatisfaction with results, need for further procedures, & unforeseen side effects may occur

- Edema (swelling) of the skin may occur and can be minimized by keeping the area elevated & using cool compresses. Itching sensation often times occurs if the skin dries or as the old skin is shed and the new skin is being formed. If any of the above symptoms intensify, your clinician should be notified. A cool compress placed on the area provides comfort. Do not use direct ice. The treated area should be cared for delicately. Limited activity may be advised as well as no hot tub, steam, sauna, or hot shower use.
- No picking of scabs
- Discomfort, especially a sunburn feeling, may persist for days.
- PIH or post inflammatory hyperpigmentation (browning) and hypopigmentation (lightening) are risks. These conditions usually resolve within 6-12 months but may be permanent. Vigilant care must be taken to avoid sun exposure (tanning beds included) before and after the treatments to reduce the risk of color change. After the skin has healed, sunscreen or sun block should be applied. Strict sun avoidance and a hat must be adhered to for 3 months post treatment.
- Infection is possible but not common after treatments; herpes simplex virus infections can occur following treatments. This applies to both individuals with a past history of the cold sores or individuals with no known history. Other signs of an infection can be high fever, purulence (pus), worsening redness, increased swelling in the area, blisters, pustules, worsening pain. Should these symptoms occur, the clinician must be immediately notified to prescribe appropriate medical care.
- Allergic reactions can occur. Some persons may have a hive-like appearance in the treated area. Some persons have localized reactions to topical ointments/creams. Systemic reactions are rare.

_____ I understand the Risks / Complications / Side effects / Consequences of Laser Treatment of the Skin: allergic reactions, swelling, itching, infection / cold sores, color/texture change, visible skin laser patterns, bleeding, burns, abnormal/slow/delayed healing, scarring, distortion of anatomic features, redness, dry eyes with corneal irritation, eye damage, chronic pain, delay in skin cancer diagnosis, and lack of permanent results or unsatisfactory results, need for further procedures

_____ I understand that compliance with pre and post care instructions is crucial for success of my laser treatment and to prevent unnecessary side effects or complications.

_____ During the healing phase sun exposure can cause darkening of the treated area(s) called post-inflammatory hyperpigmentation, therefore, sun avoidance must be followed. Failure to follow instructions may increase risks. Additional risks include unknown rare risks and need for additional treatments or surgery. Follow all laser care instructions to minimize risk of having adverse effects. Although improvement is expected, there is no guarantee or warranty expressed or implied with respect to the results that may be obtained. AVOID SUN EXPOSURE FOR THE NEXT 8 WEEKS.

_____ I understand that there are many variable conditions which influence the long-term results of laser skin treatments. The practice of medicine and surgery and the subsequent use of laser is not an exact science. Although good results are expected, there is no guarantee, expressed or implied, on the results that may be obtained. Repetition of treatment, skin care regimen and other procedures aid in results.

_____ Financial Responsibilities – This procedure is elective and not medically necessary and therefore, not covered by insurance. Any complications requiring additional medical care and/or treatment or revisionary procedures would be patient’s responsibility also. There are no refunds.

I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks voluntarily. I agree to the terms of this agreement.

Patient’s Name (Printed): _____

Patient Signature: _____ Date: _____

Witness: Name (Printed): _____ Witness Signature: _____

