

Progressive Laser LLC

"Science enhancing Beauty..."

Informed Consent: Laser Services



Name: _____

Date: _____

Treatment Type: (Please check one)

- Laser Hair Removal
- Skin Tightening
- Pigmented Lesion
- Vascular Lesion

After checking one of the above, please read the following that corresponds with your choice and initial your consent:

Laser Hair removal:

The purpose of this procedure is to diminish or remove unwanted hair. The procedure requires more than one treatment and may produce permanent hair reduction. The total number of treatments will vary between individuals. On occasion there are patients that may not respond to treatments. The treated hair should exfoliate or push out in approximately 2-3 weeks. Compliance with the aftercare guidelines is important to prevent adverse reactions.

(Patient Initial) _____ **Date of Consent:** _____

Skin Tightening:

The purpose of this procedure is to stimulate the growth of collagen, which in turn helps to tighten skin indicated. The procedure requires more than one treatment and generally results are noticed after the second or third treatment. The total number of treatments will vary between individuals. Results may vary person to person, generally 4 to 6 treatments are recommended.

(Patient Initial) _____ **Date of Consent:** _____

Pigmented Lesions:

The GentleMax Pro system may dramatically reduce darkly pigmented sunspots and other pigmented lesions. More than one laser session may be necessary to achieve desired results. Pigmented spots will turn darker during the treatment and will remain visible until the superficial crust, which forms only over the treated spots, falls off naturally 7 to 14 days after the treatment. This process will take anywhere from 1-3 weeks. It could take as long as 3-6 months in some rarer cases. Do not scratch the scabs, as that can cause scarring. **(Patient Initial)** _____ **Date of Consent:** _____

Vascular Lesions:

Lesions usually fade slowly over time after treatment. Immediately following treatment the areas treated may have a cat scratch welt or a red flush. This reaction is normal and should resolve over 2 hours to 2 days after treatment. Some vessels may disappear during the treatment, some may temporarily darken and others may be reduced in size and require a second treatment. Gradually, a normal skin color returns. **(Patient Initial)** _____ **Date of Consent:** _____

1. I understand that the Laser is intended for Photo rejuvenation, benign vascular and pigmented lesions, and/or permanent hair reduction and that individual response will vary according to skin types, hair color, follow up care, and the body area being treated
(Patient Initial) _____

2. I understand that the possible risks of the procedure may include pain, bruising, swelling, redness, itching, skin inflammation or irritation, allergic reaction, scarring, blistering, hypopigmentation and hyperpigmentation.. I understand that multiple treatments may be required to treat my unwanted pigment, vascular or pigmented lesions, or hair reduction.
(Patient Initial) _____

3. I understand that I need to refrain from sun or tanning booth exposure to the areas being treated, because tan skin can absorb the laser light causing unwanted side effects. **(Patient Initial)** _____

4. Unprotected sun exposure in the weeks following your treatment is contraindicated as it may cause or worsen this condition. I have informed the technician of my recent sun exposure and if I have had any, I understand that treatments may be rescheduled if it's determined that my skin has too much pigment. The risks of skin discoloration with treatment, color changes, such as hyperpigmentation (brown/red discoloration) or hypopigmentation (skin lightening), may occur in skin that has pigment. This may take several months to resolve, if at all. **(Patient Initial)** _____

5. I understand Laser Hair Removal is not effective for white, blonde or gray hair, as the laser is attracted to melanin (color) in the hair follicle.
(Patient Initial) _____

6. I understand that the treatment may be slightly uncomfortable, but we use techniques in order to make your treatment as comfortable as possible. **(Patient Initial)** _____

7. I understand photos or video of my treatment may be taken to be kept in my personal record. I will NOT be identified in any photo or video. **(Patient Initial)** _____

8. I have been given the opportunity to ask questions about my condition and the treatment, alternative forms of treatment, the procedures to be used, and the risks and hazards involved, and I have sufficient information to give this informed consent. **(Patient Initial)** _____

I certify that I have completely read the above form and the form has been fully explained to me, and I understand its contents. I understand that every effort will be made to provide a positive outcome, but that there are no guarantees. I understand the procedure and risks, and accept the risks, and request that this procedure be performed on me by the qualified staff at Progressive Laser & Aesthetics.

Patient Signature _____ **Date:** _____
Technician signature _____ **Date:** _____