

CALISTA

Skin & Laser Center

I authorize **Calista Skin and Laser Center** to perform treatments on _____ (patient's name)
With the GentleLASE _____ GentleYAG _____ GentleMax _____ eMAX _____ AlexTriVantage _____ PicoWay _____

To treat my condition, which is called: **LHR PhotoFacial Nail Fungus Spider Veins Tattoo ReFirm eMatrix**

The Laser is a device that produces an intense but gentle burst of light. This light is absorbed by and causes selective heating of certain cells in your unwanted lesion. Lesions most commonly fade slowly over time as these destroyed cells are eliminated by normal body processes.

My eyes will be covered with laser/IPL – specific safety eyewear or an opaque material to protect them from the intense light. My eyes will be closed and I will not attempt to remove the eye protection during treatment.

Possible risks and complications of this procedure may include, but are not limited to:

Purpura (red-purple discoloration, bruising)

Itching (hive-like response which lasts 2-3 hours to 2-3 days)

Herpes simplex virus activation

Burns, blisters, scabbing, crusting, skin color and/or textural changes

Hyperpigmentation (darkening of the skin; transient, long term)

Hypopigmentation (lightening of the skin; transient, long term or possibly permanent)

Scarring (rare, possibly permanent)

I understand that complete clearing may not be possible and will depend upon the type, age and color of the lesion, if applicable. Additionally, laser hair removal may not respond to light colored or blond hair. Multiple treatments may be needed for the best results.

My provider or I may elect to use a form of topical anesthesia to reduce any discomfort during the procedure. A cryogen spray skin cooling device may be used during the procedure to decrease discomfort and protect the skin. All anesthesia options and risks will be discussed with me in advance.

I understand that immediately following the laser treatment redness, swelling, discomfort, bruising, and discoloration may develop at the treatment site. I understand that any discoloration may last 7-14 days and swelling should resolve within several days. Discomfort may be treated with the application of cool compresses or topical soothing agents.

After care instructions regarding my specific treatment will be explained. It is important to follow after care instructions carefully to minimize the chance of incomplete healing, skin textural changes or scarring. Sun avoidance and/or use of a sunblock may be recommended. Tanning should be avoided.

_____ I have provided my past and current medical history and medications.

_____ I consent to the taking of photographs during the course of my laser therapy for healthcare records.

_____ I consent to using my photographs for medical education and/or marketing purposes.

_____ I am not pregnant or nursing (female patients).

I have been given the opportunity to ask questions about the procedure. My questions have been answered and I understand the information given to me. Contraindications to the performance of this procedure have been discussed in detail with me. I recognize that procedures administered are not an exact science and acknowledge that no guarantees have been made to me concerning the results of such procedures.

I have read and understood all information presented to me before signing this consent form.

Signed: _____ Date: _____

LASER