



## **NUMBING CREAM INFORMED CONSENT**

**Reason/Benefits:** For pain reduction during laser procedures or injections

**Risks, side effects, and complications:** pain, rash, allergy, hypotension, discoloration, infection, burn, scar, and ineffective treatment. It is important to avoid sun exposure and to wear sun block every day to reduce risk of complications. If you are tanned or have excessive sun exposure, please reschedule your appointment at least 6-8 weeks later for a safe and comfortable treatment.

**Alternative to numbing:** Ice, oral non-steroidal anti-inflammatory drugs, and oral pain pills (we do not provide these numbing methods). If you are to partake in an alternative numbing method, I agree to notify my technician. \_\_\_\_\_ (initial)

**Frequency and duration:** For optimal result, you will need to come in 30 minutes earlier for numbing cream application.

**Treatment:** the numbing cream will be applied to the area of treatment.

**Duration of treatment:** 30 minutes prior to procedures.

**Post treatment precautions:** Wash or wipe off numbing cream prior to procedure. If rash, hypotension, or allergic reaction developed, please notify doctor so that we avoid future use of numbing cream on you.

**Post treatment expectation:** You are still likely going to experience some level of discomfort with numbing cream.

I, \_\_\_\_\_, consent to being treated with numbing cream. This treatment has been explained to me and I have had the opportunity to ask questions regarding the procedure. I understand that these treatments are not an exact science, and the degree of my improvement can vary. By my signature below, I acknowledge that I have read the information and consent and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and I wish to proceed with the numbing cream and will not hold The Med Spa at ACWH liable for any reactions and/or complications caused by the topical numbing cream.

Patient Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_