

INFORMED CONSENT FOR ADVANCED SKIN TREATMENTS

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Client Name _____ Date _____

Thank you for choosing this woman veteran owned and operated skin health and wellness facility. We hope you have a good experience with us today.

Possible medical treatment methods include but are not limited to:

Laser hair removal, laser vein reduction, cherry hemangioma removal, sun or brown spot removal, toenail fungus treatment, laser tattoo/pigment removal, ablative or non-ablative laser fractional treatment, intense pulsed light treatment, skin tag removal, radio frequency skin tightening, microneedling radio frequency treatments, laser/RF circumference reduction, chemical peels, photobiomodulation treatments with near infrared LED's, teeth whitening, dermaplaning, back treatments scalp skin treatments, lash and brow services.

The following problems may occur with the above treatments:

- You may experience short term, itching, stinging, redness, swelling, allergic reaction, dryness, mild, burning, temporary, bruising, called Purpura (purple, bruising) or blistering, scabs, crusting, discomfort, or a feeling of tingling or numbness around the area treated
- Hyperpigmentation (darkening of the skin) hypo pigmentation (lightening of the skin) and texture changes have also been noted after treatment. These conditions usually resolve within 3 to 6 months, but permanent color change is a rare risk, avoiding sun exposure before, and after the treatment reduces the risk of color change. However, slight, there is a slight risk of scarring.
- Though infection, following treatment is unusual, bacterial fungal and viral infections can occur herpes simplex viral infections found around the mouth can occur following a treatment. This applies to both individuals with a history of herpes simplex, virus infections, and individuals with no known history of herpes simplex viral infections in the mouth area. If any type of skin infection occurs additional treatments or prescribed antibiotics may be necessary.
- Pinpoint bleeding is a rare but can occur following treatment procedures should bleeding occur additional medical treatments may be necessary
- In rare cases, local, allergies to tape and preservatives used in topical numbing have been reported systemic reactions (which are more serious) may result from prescription. Medication's burns from the laser energy are rare, but may require additional medical attention or surgery.
- There is also a possibility that other side effects or complications not presently known recognized, described, or understood, may develop now, or in the future. Other rare risks and complications can occasionally be seen, including, but are not limited to: infection from picking up the treated area crusting/scab in the ingrown hairs, new growth of treated hair (depending on previous hair removal methods), failure to

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improve 'quality of life' initial unsightly appearance and interruption of daily life, work routine, home/family life or social life.

Delegation

The service the client is receiving is a advanced aesthetic service; the service provider does not have a medical license in the state of Oregon. The delegatee is providing the service pursuant to the delegated authority of the physician, and the delegating physician is available to personally consult with the patient or provide appropriate evaluation, treatment or referrals in relation to medical or aesthetic services.

Acknowledgment

1. I understand the potential benefits of the proposed elective procedure alternative treatment options, and I do not have to have this treatment.
2. I understand there are risks in the practice of medicine, and that there are no guarantees of effectiveness.
3. I understand more than one procedure may be needed.
4. I have disclosed a full and accurate personal medical history.
5. I have read the above disclosure and by signing below, I give my consent to proceed with the medical aesthetic service.
6. My questions regarding the procedure have been answered, satisfactorily by the laser specialist, and I have the option to have my consultation performed by the medical director.
7. I understand the procedure and accept the possible complications.
8. I hear by release the laser specialist, facility, and the medical director from all liabilities associated with the above indicated procedure.
9. I understand exposure of my eyes to laser light could harm my vision, so I must keep my eye protection on at all times.
10. I agree to allow the medical aesthetic services to be performed by a delegate of the medical director.
11. I understand insurance companies will not cover this treatment.
12. I agreed to comply with aftercare guidelines, which are crucial for skin, healing prevention of scarring and hyperpigmentation.
13. I will not expose my skin to the sun for 72 hours.
14. In the event of any adverse reaction, I will call the skin health and wellness facility promptly at 971-263-4743 and the physician is available to meet me.

CONSENT

By authorizing below, I hereby voluntarily give my consent and authorization for the procedure I have requested and agree to release Age Graceful LLC, Its owner, employees and/or contractors from any claims or liabilities now or in the future because of the service or products used.

Client Signature _____ Date _____