

Long Pulse Nd: YAG laser Consent Form

Name: _____

Date: _____

I _____ authorize _____ to perform the Long Pulse Nd: YAG laser System procedure. I am aware that these treatments will probably result in Photo Rejuvenation, Facial Telangiectasias, leg veins removal and vascular birth marks. I understand and accept that it may be necessary to undergo more than one treatment in order to achieve the desire goal. I understand that transient hyper pigmentation can appear and that minor scarring may appear, though it is understood that this process can take anywhere from 3-6 months and that it might take longer in some cases.

Occasionally, unforeseen mechanical problems may occur and my appointment will need to be rescheduled.

_____ will make every effort to notify me prior to my arrival to the clinic.

ACKNOWLEDGMENT

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release (individual) and (facility) and (doctor) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____

Date _____

Practitioner Signature _____

Date _____