



## **Client Informed Consent**

**MotusAZ+ Laser Treatments** 

I hereby authorize **Pure Aesthetica** to perform the **MotusAZ+** laser treatment on me. I understand this device may be used for skin revitalization, pigmented lesions, vascular lesions and hair removal. I understand that I may require multiple treatments to obtain a significant, long-term result. I understand that this may not be a permanent solution and visual improvements are not guaranteed. I understand that genetics, hormones, medication and other natural factors may interfere with treatment and it is unlikely, but possible, I may not respond at all.

## The procedure may result in the following adverse experiences or risks:

- DISCOMFORT/PAIN Some discomfort and/or pain may be experienced during treatment, but is unlikely.
- REDNESS/SWELLING/BRUISING Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- HYPO-PIGMENTATION / HYPER-PIGMENTATION During the healing process, there is a slight
  possibility the treated area may become either lighter (hypo-pigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare
  occasion, it may be permanent.
- WOUNDS Treatment can result in burning, blistering, or bleeding of the treated area(s), but is unlikely.
- SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING May increase risk of side effects and adverse events. You should avoid sun exposure after the treatment and use sunblock.
- INFECTION Infection is a possibility whenever the skin surface is disrupted, although proper wound
  care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please
  call our office.
- SCARRING Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions.
- EYE EXPOSURE Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

## I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility the procedure may not work for me
- · Alternative treatment methods and options
- Possible complications/risks involved with the proposed procedure and subsequent healing period
- · All treatment contraindications, precautions and warnings have been discussed with me

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Pure Aesthetica and staff informed should I become pregnant during the course of treatment.

Photo documentation will be taken. I hereby \_\_\_DO \_\_\_ DO NOT authorize the use of my photographs for teaching purposes.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR THE SECRETPRO TREATMENT, AND I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY PURE AESTHETICA.

Printed Patient Name	Patient Signature	Date	
Printed Practitioner Name	Practitioner Signature	Date	