

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.
- **HYPOPIGMENTATION / HYPERPIGMENTATION** – During the healing process, there is a slight possibility the treated area may become either lighter (hypopigmentation) 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 DO ___ DO NOT ___ authorize the use of my photos for teaching purposes.**

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR THE MotusAZ+ 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