Informed Consent ND: YAG Laser

I, _____, understand that the ND: YAG Laser is intended for epilation and/or treatment of vascular lesions and that clinical results may vary with different skin types, hair color, vein size and location. I also understand that there is the possibility of side effects such as scarring, reddening, mild burning, temporary bruising, Hemosiderin staining and varying degrees of discomfort. These effects have all been fully explained to me.

I understand that vascular treatment may, depending on size, location and depth, require multiple treatments. I also understand that purpura (small amount of bleeding in the surrounding tissue leaving a purple and later brownish discoloration) may occur. This is like a bruise and usually goes away in 30-60 days. I understand the result of vein treatments on the legs are improved when I decrease my physical activity and use ace wraps or support stockings for 3 days.

- I understand the contraindications for treatment include: pregnancy, diabetes, and history of scarring, use of medications that increase photosensitivity, recent and planned sun lamp exposure.
- I have reviewed the list of drugs that may cause photosensitivity and understand potential side effects associated with laser treatments while using any of the medications on that list.
- I am aware of other technologies to treat these conditions, including, but not limited to: surgery, Sclerotherapy, waxing, electrolysis and other types of lasers.

I am consenting to photographs for my medical record, education and/or advertising. I will not be identified in any photos for advertising without a separate written consent. I have the full understanding that such photographs and/or video tapes may be used for educational, advertising, copied onto all other formats and media and the right to broadcast the program over any television station or in the event of legal action.

With this in mind, I elect to have non-invasive long pulse Nd: YAG Laser treatments.

I hereby voluntarily consent to treatment by EFC Medspa and release EFC Medspa, medical staff and technicians from liability associated with the procedure. The procedure has been fully explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the office immediately.

Signature: _____ Date: _____