



Consent for Laser Resurfacing

I, _____, consent to the treatment known as Resurf Laser Resurfacing. This is an elective office procedure for the purpose of improving the smoothness, texture, pigmentation and tone of the skin on my body.

I understand:

- The procedure will cause swelling of the treated areas and may be uncomfortable. The treated skin may turn red, crust, swell and peel similar to a very bad sunburn before it gradually heals. The peeling usually lasts up to a week, although it may last longer for some patients.
- There is a risk of developing temporary or permanent pigment (color) changes in the skin. This is minimized by protecting the treated areas from the sun with sun-block, hats, gloves, or appropriate clothing for several months after the procedure. Lightening agents may be necessary to treat some types of pigment changes.
- There is a small incidence of reactivation of "cold sores" (herpes infection) in patients who have had this problem before. Prescription medication like Acyclovir should be taken by everyone undergoing Erbium resurfacing.
- Bacterial infections of the skin (impetigo) or the appearance of acne can occur during the recovery period. You may be given a prescription for an antibiotic. While rare, if it occurs it is generally mild, but a bacterial infection of the skin can be quite serious. It could lead to scarring, disfigurement, loss of function or death.
- While rare, an allergic reaction to the anesthetic, or other medication, could be mild, serious or life threatening.
- There is a rare incidence of scarring. Do not have this procedure if you have a history of hypertrophic scarring or keloids.
- The actual degree of improvement cannot be predicted with certainty or guaranteed.

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.

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: _____