

Skin and Laser Surgery Center, P.C. – Amir A. Bajoghli, M.D.

Procedure Information and Consent Form

To be completed for V-Beam Laser, RevLite Laser, and Estelux Light Treatments

Please ask the doctor or staff to explain any words or information you do not completely understand.
You will be treated with the V-Beam Pulsed Dye Laser, RevLite Laser or Instense Pulsed Light for the following indications:

• _____ • _____

Explanation

This procedure may require multiple treatments over the next several months. Photographs may be taken at each visit, which may be used, for publication in a scientific journal or lecture. Your identity will be kept confidential. You will be asked to remove all makeup and questions will be asked to obtain information regarding your medical history. A clinical examination will be conducted to assess your skin type and determine if you are a candidate for this treatment. The area to be treated may be anesthetized with a topical numbing cream prior to the treatment. You may experience swelling and redness, similar to a mild sunburn for 2 -5 days following your treatment. Light peeling of the skin may also occur. It is very important to use an **SPF 30** or higher over the treated area for at least 4 weeks following treatment.

Potential Risks and Discomfort

- Pain** may be associated with this treatment, similar to the snapping of a rubber band with a burning sensation.
- Reddening and swelling** will be present from the laser but it will diminish over 1-2 weeks.
- Pigment Changes** are extremely rare but the treated area may heal with increased or decreased skin coloring. Darker skin or skin with recent exposure to the sun is at higher risk for these coloration changes. The treated are must be protected from sun exposure with an **SPF 30** or higher for 4 weeks after treatment to minimize pigment changes. Some patients experience a color change even with the use of sun protectant. Pigmented spots usually fade however in some cases it can be permanent. In both loss and gain of color, the reactions to treatment in most patient’s skin returns to the original color after 3-6 months.
- Laser therapy is not recommended during pregnancy because areas of increased pigmentation frequently appear spontaneously. By initialing here, you confirm that you are not pregnant** _____
- Scarring** is a possibility due to the disruption of the skin’s surface. The risk is for scarring is small.
- Pinpoint** bleeding may be caused by the laser but it will have no lasting effect. Some bleeding caused by the laser will not reach the upper level of the skin and may result in dark reddening. This color change will not have a lasting effect either but it may last for 1-2 weeks after treatment.
- Blistering** may result from the laser producing heat in the upper layers of the skin. The steam produced from the heat may create a separation between the upper and middle layers of the skin resulting in a blister, which will subside in 2-4 days.
- Scabbing** may be present after a blister forms. The scab or crust will diminish during the natural wound healing process.
- Infection** of the wound is possible if a blister or bleeding is present. Any blistering or bleeding must be dressed with an antibiotic ointment and bandaged. An infection may last for several days and could lead to scarring.

It is important to follow all post-treatment instructions carefully.

I, _____, have read and understand the information above. My signature below indicates I have had the opportunity to ask questions and give informed consent to proceed with treatment. I agree to comply with the requirements placed on me by this consent form. I am aware of potential risks associated with treatment and wish to proceed.

The following procedure _____ is quoted a fee of \$_____. This quote is valid for 30 days from the date of the provider’s agreement. I hereby give permission to Skin & Laser Surgery Center, P.C. to perform the procedure and agree to the quoted fee associated for this procedure. My form of payment will be _____ and I agree to make this payment after the services are rendered.

Patient Signature

Date

Provider Signature

Date