



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Skin Classic® High Frequency Treatment

This information is given to you so that you can make an informed decision about having **Skin Classic® High Frequency Treatment**.

### Reason and Purpose of the Procedure:

Skin Classic® is a non-laser treatment for minor skin irregularities. It uses high frequency technology that gives a laser-like result. It is less painful than laser treatment. Small skin tags and blood spots disappear immediately. Sun damaged, brown spots or hyper-pigmented areas only take a few seconds to treat. Recovery time varies. Healing may take a day to several days for most minor skin problems. Sun damaged or brown spots may take between a week to a month to completely heal depending on the size of the area that is being treated. For some skin tags and larger skin abnormalities, such as fibromas, healing may vary from 5 days to a few weeks. For some people it may take a few months.

### Benefits of this procedure:

You might receive the following benefits. Your professional cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Reduction of pigmented and vascular lesions
- Elimination of cherry angiomas
- Treatment of sebaceous hyperplasia
- Treatment of acne and large pores
- Elimination of skin tags
- Reduction in skin irregularities and rough skin texture

### Risks of procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your professional cannot expect.

- Scabs
- Infection: you may need antibiotics
- Redness and swelling that can last several weeks.
- Bruising
- Pain
- Discoloration of the skin that can be permanent

### Risks associated with smoking:

Smoking is linked to an increased risk of infections. It decreases your skin healing. It can also lead to heart and lung complications and clot formation.

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**Risks associated with obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks specific to you:**

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**Alternative Treatments:**

Other choices:

- Do nothing. You can decide not to have the procedure

**General Information**

Students, technical sales people and other staff may be present during the procedure. My professional will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record.

Patient Name: \_\_\_\_\_

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the Cosmetic Skin Care RN or MA. My questions have been answered.
- I want to have this procedure: **Skin Classic® High Frequency Treatment**
- I understand that other staff may help with this procedure. The tasks will be based on their skill level.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship:  Patient/Parent of minor     Closest relative (relationship)     Guardian/POA Healthcare**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Interpreter (if applicable)

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and the patient has agreed to procedure.

Provider/Cosmetic Skin Care RN/MA

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**

Patient shows understanding by stating in his or her own words:

\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**OR**

\_\_\_ Patient elects not to proceed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(Patient signature)*

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_