



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Fractional Infrared Laser Cosmetic treatment

This information is given to you so that you can make an informed decision about having **Fractional Infrared Laser Cosmetic treatment**.

### Reason and Purpose of the Procedure:

Laser skin tightening is a non-surgical process that uses an infrared light source (a laser) to tighten skin. The laser heats the collagen under the skin's surface. This causes the skin to tighten. The Cynosure Icon™ Infrared Laser is used to tighten and smooth the skin. It can also be used to provide deep heat for muscle pain.

To get the best results you may need more than one treatment.

Patients likely to get to herpes breakouts or people who have skin cancers should talk with their provider before having this treatment. Pregnant women should not receive laser treatments. Patients who scar easily and people using acne medicines should talk with their provider about possible bad reactions to skin tightening before having the procedure.

### Benefits of this procedure:

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

- Skin tightening on face, neck, arms, abdomen, upper legs, buttocks and/or breast.
- Relief from muscle sprains, strains and plantar fasciitis.

### 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 provider cannot expect.

- **Redness:** Laser treatment usually causes a temporary redness of the skin. This will subside in one to two days.
- **Swelling:** Laser treatment may cause swelling. This is temporary.
- **Pigment Changes:** Although very rare, the treated area may heal with more or less pigmentation (skin color). This occurs most often with darker skin and after exposure of the area to the sun.
- **Blistering:** The heat from the laser may produce heating in the skin resulting in a blister. Any blistering must be treated with an antibiotic ointment and covered.
- **Scabbing:** A scab may be present after a blister forms. The scabbing will go away during the healing process.

Patient Name:

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- **Infection:** If blistering occurs, or if blisters or scabs are picked, you may get an infection. This can cause scarring. You may need antibiotics.
- **Milia:** Small white bumps can appear on the nose and cheeks with facial laser treatments. These may go away on their own, or require manual extraction.

**Risks associated with smoking:**

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

**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**

Pictures may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

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

DOB: \_\_\_\_\_

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 Registered Nurse or Medical Assistant. My questions have been answered.
- I want to have this procedure: **Fractional Infrared Laser Cosmetic Treatment**
- I understand that other providers may help with the 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.

Cosmetic Skin Care RN/Medical Assistant/

Physician/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: \_\_\_\_\_