Anna Rosinska M.D.
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SMOOTHBEAM LASER INFORMED CONSENT

The Smoothbeam laser is used to treat general dermatological applications. The laser emits an intense beam of light that can be used in a non-ablative mode or an ablative mode. Non-ablative includes treatment of underlying levels of the skin (epidermis). Non-ablation is performed to remove tissue with minimal thermal or heat damage to the underlying tissue. The ablative mode will either ablate or coagulate tissue and cause a change to the epidermis. A local anesthetic or topical cream may be applied, but often unnecessary, to reduce any discomfort during the treatment. This spray protects and cools the epidermis. There may be some degree of local discomfort immediately after the laser pulse, and for a few hours following treatment.
_____Initials

The treated area will initially be pink or red. Possible papules/blisters may form soon after treatment. Ice the gel packs can be applied to reduce the swelling that may occur. _____Initials

Possible side effects post treatments that may occur include; pigment changes (increased or decreased in color) or rarely, scaring. These may occur if the treatment area is not cared for as recommended. *Hy*po-*pigmentation and hyper-pigmentation could take three (3) to six (6) months to heal.* Protect treated area from the sun during healing. A 30SPF or higher sun block lotion should be applied daily when the area is healed to prevent or reduce the chance of increased pigmentation. Use sunscreen everyday for several weeks *(sunscreen should be used EVERYDAY for good skin care).* To minimize the chance of scarring, follow all post treatment instructions carefully. These will be provided and discussed before the treatment is performed.
_____Initials

During the laser procedure, protective eyewear must be worn to protect from eye injury. Keep your eyes closed while you are wearing the protective eyewear as well.
_____ Initials

I agree to have both preoperative and postoperative photographs taken for treatment purposes.
_____ Initials

No, warranty, assurance, or guarantee has been made to me to the results that may be obtained. I am aware that follow up treatments may be necessary for desired results. Most patient requires a number of treatments with gradual results occurring over time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during treatment. No refunds will be given for any paid treatment if not satisfied.
_____ Initials

I have read and understand the Pre and Post-treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial to healing, prevention of scarring, and complications such as hyper-pigmentation, hypo-pigmentation, and other skin textural changes.
_____Initials

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The nature and purpose of the treatment has been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I agree to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have right to refuse treatment.
_____Initials

Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risk, complications, or injury from both known and unknown causes, and freely assume these risks.
_____ Initials

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payments.
_____ Initials

I release Body Focus Laser Longevity Center from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age or have written consent given by parents or legal guardian. This Consent form freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Patient Signature: _____ Date: ____/____/____

Printed Name: _____Date: ____/____/____

Parent/Legal Guardian: _____Date: ____/____/____

Printed Name: _____

Witness: _____ Date: ____/____/____

Printed Name: _____