



AESTHETICS & WELLNESS

LASER CONSENT

This is an informed consent document that has been prepared to help inform you of laser treatments, its risks, as well as alternative treatments. It is important that you read this information carefully and completely. Please read each page and sign the consent.

My signature and initials after each statement below constitutes my acknowledgment that: I, _____, consent to and authorize Emily Goodrich, nurse practitioner, to perform laser treatments with the LightPod Neo® (Nd:YAG. 1064nm) laser)

- The area to be treated: _____

The LightPod Neo® (Nd:YAG 1064nm) laser) is FDA approved for a variety of procedures including vein treatment, acne and scar revision, facial rejuvenation, and hair removal. This form is designed to give you the information you need to make an informed choice of whether or not to undergo the Nd:YAG laser treatment. If you have any questions, please do not hesitate to ask. Although the laser treatment is effective in most cases, no guarantee can be made that a specific patient will benefit from the treatment.

The laser emits an intense beam of light that is absorbed in specific body tissues within the skin, and depending upon the types of procedure, several treatments may be required at intervals specified by the nurse practitioner.

Some of the possible complications of Nd:YAG laser treatments are:

- ❖ _____ Discomfort: The procedure is done so precisely that surrounding tissue is minimally affected; the patient may experience a mild sensation of pain in the treated areas. Some degree of skin flushing may occur, but typically resolves within severe hours.
- ❖ _____ Scarring: There is a small chance that scarring, including hypertrophic scars, or very rarely, keloid scars. Keloid scars are very heavy raised scar formations. To minimize chances of scarring, it is important that you follow all postoperative instructions carefully. It is important that any prior history of unfavorable healing is reported.
- ❖ _____ Pigmented changes: The treated areas may heal with lighter or darker pigmentation. This occurs more often in darker pigmented skin and following exposure of the area to the sun. It is recommended that you protect yourself from any sun exposure for at least three months following treatment. Hyperpigmentation usually fades in three to six months. However, pigment change can be permanent.
- ❖ _____ HSV Reactivation: The patient agrees to notify the nurse practitioner if he/she has any history of herpes viral infections, as the laser procedure may cause it to reactivate.

- ❖ _____ Lack of treatment response: There is a possibility that the targeted hairs, veins, or other treated areas will not respond to the treatment. This is often a function of the specific body chemistry of the patient, including relative pigmentation and light absorption characteristics of the patient's various body tissues.
- ❖ _____ Eye exposure: There is also the risk of harmful eye exposure to laser surgery. Safeguards should be provided by the laser practitioner. It is important that you keep your eyes closed and have protective eye wear at all times during the laser treatment.
- ❖ _____ Photographs: I consent to be photographed before, during, and after the treatment and that these photographs may be published by the above practitioner in scientific journals or for scientific or marketing reasons.

My signature below acknowledges that I have read and understand the content of this informed consent. I have been given ample opportunity to ask questions, all of which have been answered in a satisfactory manner. I understand that results can vary and that no guarantee, neither expressed nor implied, has been or will be, given to me regarding my results. I'm aware of the risks and benefits associated with the procedure, as well as available alternative treatments. I understand that this is an elective procedure, performed solely for cosmetic purposes, and is not critical to my health. On my own free will, I am requesting and providing my informed consent, to undergo this procedure. I assume all risks as my own and agree to hold harmless, Aria Aesthetics and Wellness, PLLC and their providers, and any other staff member, affiliate, or independent contractor. I hereby release them from any liability, both seen and unforeseen, now and forever.

Patients or Legal Guardian's Signature: _____ Date: _____

Provider's Signature: _____ Date: _____