

GentleYAG LASER TREATMENT for SKIN TIGHTENING: INFORMED CONSENT

Patient Name: _____ **Chart No.** _____ **Date:** _____

I consent to the use of the GentleYAG Laser in an effort to achieve skin tightening and treatment of fine lines and wrinkles. GentleYAG laser therapy requires a series of treatments over a period of several months. The results may be variable from patient to patient and from treatment to treatment. I understand that several treatment sessions are usually needed in order to obtain the desired level of improvement. It has been explained to me that, although laser surgery is effective in most cases, no guarantees can be made that I will benefit from treatment. I understand that side effects and complications of GentleYAG laser treatment include but are not limited to:

- 1. Pain.** A burning sensation is associated with the laser and can produce a minimal to moderate amount of discomfort. An anesthetic cream can be used to minimize this discomfort.
- 2. Redness:** Laser treatment may cause redness of the treated area. The redness will usually subside within several days.
- 3. Swelling:** Treatment may cause swelling which subsides in several days and can be minimized with application of cool water compresses.
- 4. Itching:** Itching and occasional tingling sensations within the skin can occur as the nerve endings heal. This is common during the recovery period. Application of cool water compresses and generous application of skin moisturizers is helpful.
- 5. Skin darkening:** Darkening of the skin may occur in the treated areas and will usually fade within 3 to 6 months. In rare cases, the pigmentary change is permanent. This reaction is more common when treated areas are exposed to the sun, especially in patients who are already suntanned or who have olive or darker skin tones. It is extremely important to protect the treated area from sun exposure with a hat and sunscreen for 6 weeks after treatment and carefully adhere to all post-treatment instructions.
- 6. Skin lightening:** Laser treatment can result in loss of pigmentation where the treated area becomes a lighter color than the surrounding skin. The pale areas usually repigment in 3 to 6 months, but in rare cases could be permanent.
- 7. Blisters or scabs:** Blistering is uncommon but can develop with treatment. Blisters will go away within 2 to 5 days and may be followed by a scab. The scab will disappear during the natural wound healing process of the skin. During this time, the area should not be manipulated or picked, which can lead to scarring.
- 8. Infection:** Swelling, crusting, pain, or fever could indicate an infection or reactivation of cold sores or fever blisters. This may require use of topical or oral antibiotics.
- 9. Acneiform eruptions:** Breakouts from acne are possible after laser treatment. If this occurs, topical or oral antibiotics may be required.

10. Scarring: While scarring is not typically seen with GentleYAG laser treatment, there is a small chance of skin scarring, including abnormal raised and/or depressed scars with any laser procedure. Scarring can result

from disruption of the skin's surface and/or abnormal healing. Careful adherence to all advised postoperative instructions will help reduce the possibility of this occurrence.

11. Lesion persistence or failure to respond: Some skin conditions may not improve or go away completely despite the best efforts made by the doctor. No guarantees can be made regarding any individual's response to laser therapy. On rare occasions, pre-treatment skin discoloration may be made worse after laser treatment.

12. Additional side effects: There are risks associated with any cosmetic procedure. Since it is impossible to state every risk or complication that may occur as a result of treatment, the possible risks and complications listed here may be incomplete. There may be risks or complications associated with this treatment that are not yet reported in the literature.

PREGNANCY AND NURSING MOTHERS: It is not recommended that pregnant women ~~or~~ nursing mothers receive th GentleYAG laser treatment.

ALTERNATIVES: GentleYAG laser treatment is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in side effects, duration, and results include synthetic dermal and deep tissue filler products, botulinum toxin (Botox), chemical peels, topical agents, laser surgery, and plastic surgery.

	PLEASE INITIAL
I have read and understand the information on this consent form.	
I have had the opportunity to ask questions.	
My questions have been answered to my satisfaction.	
I understand the nature of the procedure, my alternatives to this treatment and why this treatment has been recommended.	
I understand the nature of the risks associated with this treatment as outlined in this consent form.	
I acknowledge that it is impossible to predict how I will respond to treatment and that no guarantees have been made that laser treatment will improve the appearance of my skin.	
I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risks and the possibility of complication, injury and even death.	
I certify that I am not pregnant, trying to become pregnant, or breastfeeding, and I accept the responsibility for making these determinations.	
Consent for Photography: For the purpose of documenting my progress and response to treatment, I give permission to take photographs that will be kept in my medical record.	
I give permission for the use of my photographs for medical teaching or patient information.	

COST AND PAYMENT POLICY: Since GentleYAG laser treatment is considered cosmetic, you will be responsible for the cost of treatment. Full payment is due at the time of service. Unfortunately, credit cannot be extended. Please discuss the estimated cost of treatments prior to undergoing the procedure. If you have any questions, please make sure they are answered to your satisfaction.

ESTIMATED COST PER TREATMENT: _____

I certify that I have read and understand the contents of this consent form before signing my name below. I hereby freely consent to treatment with the GentleYAG laser.

Signature of patient or legal guardian X _____ **Date X** _____

Witness: _____ MD Signature: _____ Date: _____