

LASER TREATMENT INFORMED CONSENT

PRINT NAME: _____ BIRTHDATE: ___/___/___ DATE: _____

The following Larson Modality Services are performed by trained, certified, licensed personnel and healthcare providers of Margaret L. Larson, ARNP, PLLC, Larson Family Medicine & Medical Aesthetics using the Alma Lasers Harmony XL, Soprano XL and Accent Radio Frequency machines and modules:

- Hair Removal/Reduction using the Harmony Soprano XL and Harmony XL ND:YAG 1064 Cooled Modules.
- Skin Rejuvenation for visible signs of photo-damage and aging such as wrinkles, fine lines, hyperpigmentation, telangiectasia, rosacea and acne using the Harmony XL AFT 540 and Dye VL and ND:YAG 1064 Cooled Modules.
- Skin Resurfacing, minimally ablative skin treatment for visible signs of photo-damage and aging such as wrinkles, fine lines, hyperpigmentation, actinic keratosis, large pores, uneven texture, skin tags, acne scars and other scars using the Harmony XL iPixel 2940 Module, ClearLift Pixel and Accent Pixel RF.
- Vascular Lesions, Superficial Leg Veins and Spider Veins treatment using the Harmony XL ND:YAG 1064 Cooled.
- Accent Radio Frequency is used for skin tightening, lipolysis (shrink fat cells) and ultimately body contouring.
- Hyperhidrosis can be treated with the Accent Radio Frequency and/or Harmony XL ND:YAG 1064 Cooled Modules.
- Onychomycosis (Fungal infection of nails) is treated with a combination of Harmony XL ClearLift QS and ND:YAG 1064 Cooled Modules.
- Tattoo Removal procedure is done with the Harmony XL ClearLift QS laser to target ink in the skin.

Light, radio frequency and laser technology can be used effectively to destroy targets located in the skin with minimum, if any, damage to the surrounding tissues. The varying technologies are used to lighten, fade or remove photo-damaged skin in a non-ablative manner, a procedure known as *photo rejuvenation*. Visible signs of photo damage include wrinkling, enlarged pores, coarse skin texture, and pigment alterations. Light and laser technology can be used to target the hair follicle rendering it so it is no longer able to grow hair and whereas laser and radio frequency technology can target sweat glands to reduce excessive sweating. Despite its high levels of efficacy and safety these technologies are not free of potential side effects or complications.

Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Irritation, itching, and/or a mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment. Pigment changes such as hyper- and hypo-pigmentation of the skin in the treated areas can occasionally occur. Mostly, it is transient, lasting up to six months but in rare cases it can be permanent. Most cases of hypo- or hyper-pigmentation occurs in people with darker skin, or when the treated area has been exposed to sunlight before or after treatment. Occasionally these pigment changes occur despite appropriate protection from the sun. Scarring, which can be hypertrophic or keloid, is very rare but can occur. In the case of tattoo removal, the skin is already scarred from the tattoo procedure. Other known complications of these procedures include blisters, bleeding, broken capillaries, reddening, pinpoint pitted scars, bruising, superficial crusting, burns, pain, and infections. These side effects are rare and usually temporary, lasting from five to fourteen days but can be permanent as well.

The skin at or near the treatment site may become fragile. Makeup should be avoided, especially old makeup as it may harbor bacteria. Avoid hot baths or showers, aerobic exercise and massage for the first 48 hours or until the skin is healed. Do not rub the treated area, as this might tear the skin. A blue-purple bruise may appear on the treated skin, which might last from five to fifteen days. As the bruise fades, there may be rust-brown discoloration of this skin, which fades in one to three months or longer. In rare cases, this discoloration may be permanent.

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Additionally, there is a known and expected loss of hair in the treated areas. In a very small percent of people there is new hair growth in the surrounding areas being treated.

Even though appropriate measures are taken to reduce side effects or complications, they cannot be completely eliminated in every case. I understand the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks. There may be other treatment options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this or these non-invasive treatment(s) to treat my skin and/or hair conditions.

I understand protective eyewear is required during all treatments sessions to reduce the risk of eye damage.

Contraindications:

- Cancer, in particular, skin cancer
- Pregnancy (including IVF)
- Use of photosensitive medication and hers for which 300 to 2940nm light exposure is contraindicated
- Diseases which may be stimulated by light at 300 to 2940nm
- Prolonged exposure to sun or artificial tanning during the 2 to 4 weeks prior to treatment and post treatment
- Active infection of herpes simplex in the treatment area
- History of keloids or hypertrophic scarring
- Diabetes (insulin dependent)
- Fragile dry skin
- Hormonal disorders (that are stimulated under intense light)
- Use of anticoagulants
- Epilepsy
- History of coagulopathies
- Immune deficiency disease or an immuno-compromised status
- Oral or topical use of retinoids (Accutane)
- Oral or topical use of steroids

PRE- AND POST LASER TREATMENT INSTRUCTIONS

Pre-Treatment Instructions:

- Avoid sun exposure without sunscreen of SPF of 25 or higher for 30 days prior to treatment.
- Avoid waxing or plucking hair or chemical peels of the treatment areas for 30 days prior to treatment.
- If using Tretinoin on the area to be treated, discontinue use of product 3 days prior to treatments.
- If you have ever had a cold sore or fever blister and getting your face treated or genital herpes and getting your genital area treated; you must take prophylactic anti-viral medications, beginning the day before of your treatment and during the week of recovery.
- If you have a tendency to get bacterial skin infections you may need prophylactic antibiotics.
- If you are a skin type 3-6 you will be required to apply Hydroquinone 4% (Obagi Clear) twice a day and Tretinoin 0.05-0.025% cream at night to reduce risk of hyper- or hypo-pigmentation 4 weeks prior to beginning your treatments and 3 months post treatment.

- Come hydrated, clean, shaven and without makeup (facial treatments only) to your appointment.
- If you are pre-treating the treatment area with topical pain medication, apply 45-60 minutes before your appointment.

Post Treatment Instructions:

- Immediately after treatments you can apply a cold pack, as there may be mild swelling. It is normal for the treated area to feel like a sunburn for 3-24 hours. You should use a cold compress if needed. Avoid any trauma to the skin for up to 2-5 days, such as bathing with very hot water, strenuous exercise, facials or massages.
- Avoid picking or scratching the treated skin to achieve your best results. If any crusting, spreading redness or puss occurs, please call our office immediately at (206) 244-5477. After hours you may call Margaret at (253) 576-9590.
- For post-pixel treatments, we recommend cold compresses and hydrocortisone cream up to 4 times a day for all skin types. When the heat sensation dissipates (usually within the first 24 hours), you may use products such as Regenica Recovery Complex, Larson Brand Skin Protectant Ointment, Aquaphor or Rosehip Oil to effectively moisturize and assist with healing the treated skin. Darker pigmented people (skin types 3-6) may have a bit more discomfort than lighter pigmented people; therefore, may require the use of these type of ointments a bit longer.
- Patients with skin types 3-6 can restart the Hydroquinone/Tretinoin regimen the day after all treatments except with the iPixel. In that instance, you'd need to wait 7-14 days. Follow instructions as specified by your master esthetician.

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- The day after treatment makeup may be used, once the swelling is gone, unless there is epidermal bleeding or oozing. It is recommended you use new makeup to reduce the possibility of infection. Keep the area moist and hydrated. Please choose a moisturizer that does not contain *alpha-hydroxy acid*.
- You may shower after the treatment using tepid water. You may gently cleanse the treated area with mild soap. Skin should be patted dry and NOT rubbed. After 7-10 days, you should be able to return to your normal daily skincare routine.
- With the iPixel 2940 and ND:YAG 1064 you may experience crusting, redness or bruising for 5-14 days after the treatment.
- All patients should avoid direct sun exposure and tanning beds for 1-2 months and throughout the course of treatment, so as to reduce the chance of dark or light spots. When outdoors use sunscreen of SPF 25 or higher at all times throughout the course of treatment(s).
- Avoid tweezing, waxing, bleaching or chemical peels during the course of your treatment(s). Do not use any irritants such as Benzoyl Peroxide or astringents.

I have read the Larson Modality Informed Consent, my questions have been answered and I authorize the licensed personnel of Margaret L. Larson, ARNP, PLLC, Larson Family Medicine & Medical Aesthetics, to perform the following procedure(s), separate or in combination:

- ____ **Hair Removal/Reduction Treatment(s)**
- ____ **Skin Rejuvenation Treatment(s)**
- ____ **Skin Resurfacing Treatment(s)**
- ____ **Skin Tightening, Lypolysis and Body Contouring Treatment(s)**
- ____ **Vascular Lesions Treatment(s)**
- ____ **Hyperhidrosis treatment with Accent Radio Frequency or Harmony XL ND:YAG 1064 Cooled Modules**

____ **Onychomycosis (Fungal infection of nails) treatment with a combination of Harmony XL ClearLift QS and ND:YAG 1064 Cooled Modules**

____ **Tattoo Removal procedure is done with the Harmony XL ClearLift QS laser**

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I have read and understand the Pre-and Post-Treatment Instructions. I understand that the healthcare provider may recommend pre- and post-treatment regimens that may include prophylactic antibiotics or antiviral oral medications and topical medications such as Hydroquinone, Tretinoin and/or Hydrocortisone. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post-treatment instructions/guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyper- and hypo-pigmentation, and other skin textural changes. I have received a copy of the Pre-and Post-Treatment Instructions.

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Photographs: Photographs of the treatment area(s) is very important for documenting your treatment course with the exception of laser hair removal treatments. Complete confidentiality will be maintained. I give permission for my photographs to be used to help document my treatment course.

Please check one: YES _____ or NO _____ **and initial** _____.

I consent to taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion, including the internet.

Please check one: YES _____ or NO _____ **and initial** _____.

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ACKNOWLEDGMENT: No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over time. Clinical results vary per patient. I agree to adhere to all safety precautions and regulations during the treatment.

The nature and purpose of the treatment(s) have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent 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 the right to refuse treatment.

I certify that I am a competent adult of at least 18 years of age. This Consent Form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

All prices are subject to change without prior notice. All sales are final and there are no refunds.

Occasionally, unforeseen mechanical problems may occur and my appointment may need to be rescheduled. I understand the staff will make every effort to notify me prior to my arrival to the office.

My questions regarding the procedure have been answered satisfactorily. I understand the treatment procedure and accept the risks. I hereby release Margaret L. Larson, A.R.N.P., PLLC; the Master Aestheticians, staff and Larson Family Medicine & Medical Aesthetics from all liabilities associated with the above indicated procedure.

Patient Signature: _____ Date: _____

Master Esthetician Signature: _____ Date: _____

Physician Signature: _____ Date: _____

****Call Margaret Larson, A.R.N.P., Larson Family Medicine & Medical Aesthetics with any questions or concerns you may have after treatment at (206) 244-5477. For non-emergency but urgent concerns after hours call or text my cell number at 253.576.9590.**