

Sciton Profractional Er:Yag 2940nm Informed Consent

Profractional laser therapy is used to fade benign brown pigmentation, reduce the appearance of scars and large pores, and to improve overall skin tone and texture and to improve wrinkling. As the laser beam passes over the skin, thousands of tiny holes are created while leaving the remaining skin intact. This allows for a quicker healing time as compared to other ablative lasers. As with all procedures in cosmetic medicine, some individuals show a dramatic improvement, while others show little improvement. Due to your unique skin composition, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. In our experience, multiple treatments are required in order to obtain optimal results.

Contraindications For This Treatment Include:

1. Pregnancy and nursing mothers
2. History of cold sores (herpes simplex); treatments can reactivate herpes, and prophylactic medication is recommended.
3. Topical retinol products in the past 2-4 weeks
4. Bacterial or viral infection
5. Impaired immune system and poor healing
6. Accutane within the past 12 months
7. Scleroderma, Vitiligo, Melanoma, Irregular Pigmentation, Psoriasis
8. Extensive radiation therapy
9. Burns in the treatment area
10. Skin type VI
11. Botox and fillers two weeks prior to Profractional treatments are contraindicated
12. Silicone injections over the areas to be treated
13. Melasma is hormonal, it may get better or it may get worse following Profractional.

I am aware of the following risks:

1. Mild to moderate discomfort or pain. Many patients describe a burning sensation especially with an aggressive treatment.
2. Redness and/or swelling of the skin lasting up to several days.
3. Sun sensitivity in the treated area. Avoid the sun and use sun block with at least a 15 to 30 SPF for a period of 3 months to decrease the risk of skin pigment changes.
4. Skin tightness. The skin may feel tight; this peaks 3-8 weeks post-treatment.
5. Wound healing. The skin will show a brown fractional pattern and will feel grainy with minor flaking for several days.
6. Pruritis or itching. May occur in the early healing stages, do not pick, scratch, or rub.

Though rare, I am aware the following may also be considered risks:

- Wound Healing. Once the surface is healed, it may be sensitive to the sun for an additional two to four weeks, or longer in some patients. It is necessary to protect your skin from damaging UV rays.
- Bruising/Infection. Bruising of the treated area may occur. Additionally, a skin infection is a possibility, although rare, whenever a laser skin procedure is performed.
- Pigment Changes (Skin Color). During the healing process, there is a possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent.
- Scarring. Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully.
- Eye Exposure. Protective eyewear will be provided; it is important to keep this eyewear on at all times during the treatment to protect your eyes from accidental laser exposure.

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- Corneal Abrasion. Protective eye shields may be used during your laser procedure. These are placed directly over the eyes after the surface of the eye is numbed with topical drops. These are placed to protect the eye during treatment near the eyelid margins. These shields can rarely cause injury to the surface of the eye called a corneal abrasion. These will generally heal within 24-48 hours but may require evaluation and treatment by an ophthalmologist. Your doctor will assist with this referral if this problem does occur. Costs associated with this ophthalmologic care are your responsibility and will not be reimbursed by your doctor.

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize Dr. Krieger / Dr. Goldberg, who has been trained to perform fractional ablative skin resurfacing using the 2940 nm Profractional laser, to perform one or more Profractional treatments on me. Alternative means of treatment, such as chemical peels, dermabrasion, and laser skin ablation have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the laser treatment and to follow post-laser treatment instructions.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my Profractional treatments in the future as well.

Signature of Patient or Guardian

Print Name/Relationship

Date

Signature of Witness

Print Name/Relationship

Date