

**ARKANSAS PHYSICAL MEDICINE  
CONSENT FORM FOR COSMETIC LASER PROCEDURE**

**PATIENT** \_\_\_\_\_

I am authorizing cosmetic laser procedure(s) to be performed. I have been made aware of the nature, goals and limitations and possible complications of the procedure(s).

**I clearly understand and accept the following:**

1. The goal of any laser procedure is improvement, not perfection. I understand results can vary dependent on several factors including skin color, tan and hair color.
2. There may be more treatments necessary than I anticipated.
3. The fees have been discussed with me and I understand them. The fee at the time of service is for that procedure only unless package time is purchased.
4. There is no guarantee that the expected or anticipated results will be achieved.
5. I authorize the use of any photographs to be taken for teaching or other viewing purposes.

The Candela laser poses a low risk of complications. However side effects may occur and although complications are infrequent, I understand the following side effects or complications may occur and are theoretically possible.

1. Discomfort at the treatment site.
2. Edema (swelling), erythema (redness), or bruising. The treated area may feel tender for a few hours after treatment and could last 2 to 3 days.
3. Decrease or increase in pigmentation, typically could last 1 to 3 months.
4. Loss of pigmented lesions such as freckles may occur.
5. Activation of cold sores if being treated near the mouth (antiviral medication is recommended and is available by prescription or over the counter).
6. Folliculitis (inflammation in the hair follicle).
7. **(Hair removal)** Stubble representing dead hair will shed from the follicle within about 10 to 12 days after treatment.
8. **(Veins – leg or face)** bruising can last up to six weeks after treatment for some skin types.
9. **(Tattoo removal)** removing a tattoo can leave the skin in that area with damaged or scarred tissue. Following the proper after care instructions is very necessary.

Other Cosmetic Laser procedures are removal of AGE Spots, WRINK:E REDUCTION and COLLEGEN REBUILDING.

Your consultation will include detailed information and instruction according to what procedure(s) you have selected. You will have an opportunity to have a test site performed for evaluation purposes.

**PATIENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COSMETIC LASER SPECIALIST:** \_\_\_\_\_