

## Ultra LaseMD Consent

This form is designed to provide you with the information you need to make an informed decision on whether or not to have a LASEMD Ultra Laser Treatment procedure performed. If you have any questions or do not understand any part of this consent, please do not hesitate to ask us.

I hereby authorize 18 Spa to perform laser treatment on me. I understand that the procedure is purely elective and I have chosen to receive treatment for:

- Treatment of \_\_\_\_\_ to: \_\_\_\_\_ (area)
- Treatment of \_\_\_\_\_ to: \_\_\_\_\_ (area)
- Treatment of \_\_\_\_\_ to: \_\_\_\_\_ (area)

I understand the nature of my condition, the nature of the procedure, the alternative treatments available, and the benefits to be expected compared with alternative approaches. I understand that optimal results are achieved only with a series of treatments and that I will not see optimal results after one treatment. The need to complete a treatment plan has been fully explained to me.

Just as there are benefits to the procedure proposed, I understand that this procedure also involves risks. I understand that serious complications are rare but possible. Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer. Pigment changes (light or dark spots on the skin) lasting 1-6 months or longer may occur. Other potential risks include itching, pain, bruising, blistering, redness and swelling. There is a rare possibility that a scar at the treatment site may develop. Laser light can cause eye damage and provided protective eye wear must be worn during treatment.

The procedure, as well as potential benefits and risks, have all been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian/person having legal custody will also be required before treatment. I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent on age, skin condition, pre-existing conditions, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand the post-care treatment and home-care instructions given to me by my provider.

In the event that I may have additional questions or concerns regarding my treatment, post-care, and suggested home product regimen, I will consult with my provider immediately. I have also, to the best of my knowledge given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all the information detailed above. I understand the procedure and the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold my provider, or 18 Spa responsible for any of the conditions that were present, but not disclosed

at the time of this procedure/treatment as well as during the course or treatment, which may be guided by the treatment form today.

This consent form is valid until all or part is revoked by me in writing. I understand that this consent is valid for all future Ultra LaseMD treatments as well.

Client Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Client Name (signature) \_\_\_\_\_

Skin Care Professional (signature) \_\_\_\_\_

