

NORTH METRO DERMATOLOGY
CONSENT FOR LASER AND LIGHT-BASED TREATMENTS

I clearly understand and accept the following:

1. As with all cosmetic procedures, the goal with laser and light-based treatments is improvement, not perfection, and the number of treatments necessary is dependent on several factors including but not limited to procedure type, condition being treated, area being treated, tan, skin color and hair color.
2. There may be more treatments necessary than I anticipated.
3. There is no guarantee that the expected or anticipated results will be achieved.
4. I understand the fee at the time of service is for that procedure only. There will be a charge for all subsequent procedures. Refunds will not be given if the desired result is not achieved or maintained.
5. I received a copy of post-treatment instructions and agree to follow instructions carefully to minimize risk of side effects.
6. I authorize the use of any photographs taken for teaching and other viewing purposes.

Although complications seem to be infrequent following treatment, I understand the following side effects or complications may occur or are theoretically possible and could happen to me:

1. Discomfort with redness and swelling that may last 2 days or more.
2. Decrease or increase in pigmentation that may last 1-3 months or more.
3. Activation of cold sores.
4. Folliculitis (inflammation of hair follicle).
5. Blisters and/or crusting.
6. Bruising.
7. Scarring: There is a small chance of scarring, including hypertrophic scars, which are enlarged scars, and rarely, keloid scars, which are abnormal, heavy, and raised. Scarring is a rare occurrence but is a possibility because of the disruption of the skin's surface. To minimize the changes of scarring it is important that you follow all instructions carefully.

I understand the potential risks and consent to treatment:

Patient Name (print): _____ Date: _____

Patient Signature: _____

Please contact our office if you have any questions or concerns.

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