

Murphy Plastic Surgery

Picosure Informed Consent

Consent for treatment of _____

Contraindications

Therapy using the PicoSure laser is contraindicated for those patients who:

- Are hypersensitive to light in the near infrared wavelength region
- Take medication which is known to increase sensitivity to sunlight
- Have seizure disorders triggered by light
- Take or have taken oral Isotretinoin, such as Accutane®, within the last six months
- Have active localized or systemic infection, or an open wound in area being treated
- Have a significant systemic illness or an illness localized in area being treated such as lupus.
- Have common acquired nevi that are predisposed to the development of malignant melanoma
- Have active herpes simplex in the area being treated
- Are receiving or have received gold therapy

Precautions: Have any suspicious skin lesions or known history of keloid scarring.

_____The PicoSure laser produces an intense burst of light that is absorbed by the pigmented lesion or tattoo ink. All personnel in the treatment room, including me, will wear protective eyewear to prevent eye damage from this intense light.

_____The sensation of the laser light on skin is uncomfortable and may feel like a slight pinprick or the sensation of heat. These sensations may last for a few hours.

_____Tattoos may blister and have pinpoint bleeding immediately and for a few days after treatment.

_____I have been informed that hyperpigmentation (darkening of the skin), and hypopigmentation (lightening of the skin) are possible complications of the procedure.

_____I understand that sun exposure, before or after treatment, as well as not adhering to the post treatment instructions provided to me may increase my chance of complications.

_____Some adverse reactions may including blistering, scabbing, crusting, pustules, burns, erythema, edema and scarring.

_____Following a facial treatment, the treated areas may red, bronzed, slightly swollen and rarely may develop an acne-like breakout. Your skin may become very dry and flaky. Pigment may darken for a few days. These conditions may last a few hours up to a few days.

_____I have informed the laser operator if I have any permanent cosmetic ink. (We do not treat cosmetic tattoos, as they may turn gray or green.)

_____The area should be treated delicately following treatment. Multiple treatments may be necessary, and there is no guarantee that all ink or all pigment will be removed.

_____I have read and understood all information presented to me, and I have been given an opportunity to ask questions before signing this consent.

Patient Name: _____ Date _____

Signature _____

Witness: _____ Date _____