MEDILASER

COSMETIC SURGERY AND VEIN CENTER

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LASER TREATMENT CONSENT

This is an informed consent document which has been prepared to help inform you about laser treatment procedures of skin, risks, and alternative treatments. If you have any questions, mark them to be discussed prior to treatment.

INTRODUCTION - Lasers have been used by surgeons as a surgical instrument for many years. There are many different methods for the surgical use of lasers. Laser energy can be used to cut, vaporize, or selectively remove skin and deeper tissues. Conditions such as wrinkles, sun damaged skin, scars, mottled pigmentation, keratosis (pre-cancers), mild acne and some types of skin lesions/disorders may be treated with the laser. In some situations, laser treatments may be performed at the time of other surgical procedures. Skin treatment programs are used before and after laser skin treatments in order to enhance the results.

ALTERNATIVE TREATMENT - Alternative forms of treatment include chemical peel, dermabrasion or excisional surgery. In certain situations, the laser may offer a specific therapeutic advantage over other forms of treatment. Risks and potential complications are also associated with alternative forms of treatment that involve skin treatments or surgical procedures.

POSSIBLE RISKS/COMPLICATIONS TO LASER TREATMENT - The choice to undergo a procedure is based on the comparison of risk and potential benefits. Although the majority of patients do not experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications and consequences of laser treatment. To minimize the chances of risks and complications, it is important that you follow all postoperative instructions carefully. Possible risks/complications of laser treatment include but are not limited to:

Infection / Scarring / Burns / Color Change / Skin Tissue Pathology / Pain / Allergic Reactions / Delayed Healing

ADDITIONAL TREATMENT OR SURGERY NECESSARY - There are many variable conditions which influence the long-term result of laser skin treatments. Should complications occur, additional surgery or other treatments may be necessary.

Rewrite the following: "I understand that the practice of medicine is not an exact science and although good results are expected, there can be no guarantee as to the results."_____

FINANCIAL RESPONSIBILITIES - The cost of laser treatment involves several charges for the services provided. This includes fees charged by your doctor, the cost of pre and post-operative skin care medications, surgical supplies, laser equipment and personnel, and laboratory tests. It is unlikely that cosmetic surgery costs would be covered by an insurance plan. Even if there is some insurance coverage, you will be responsible for necessary co-payments, deductibles and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with reversionary surgery or treatments would also be your responsibility.

- I hereby authorize Dr. Giraldo and such assistants as may be selected to perform the following procedure or treatment:

MICROLASER PEEL / DEEP RESURFACING / PROFRACTIONAL / HAIR REMOVAL / SKIN TYTE / WRINKLES
SKIN LESION / VASCULAR LESION / PIGMENTED LESION / PIGMENT

- I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants, or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
- I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
- I acknowledge and give consent to pre-operative and post-operative digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
- I consent to the disposal of any tissue, medical devices or body parts which may be removed.
- I have an understanding of the treatment which includes but is not limited to the above items. I understand that secondary revisions or subsequent treatments may be required in some cases. I also understand that charges will be made for the use of the treatment room, whether in the office or in the hospital, and for any materials required. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.
- I authorize the release of my SS# to appropriate agencies for legal reporting and medical-device registration, if applicable.
- It has been explained to me in a way that I understand the above treatment or procedure to be undertaken, there may be alternative procedures or methods of treatment, and there are risks to the procedure or treatment proposed.

Rewrite the following: "I will not drive while on narcotic pain medications or sedative drugs prescribed by my cosmetic surgeon."_____

I,_____ consent to the treatment or procedure and the above listed items. I am satisfied with the explanation.

Patient Signature_____ Date____/____/____

Witness_____ Date____/____/____

Patient Signature_____ Date____/____/____

Patient Signature_____ Date____/____/____

Patient Signature_____ Date____/____/____