

# LA BELLA DONA SKIN CARE

## DISCLOSURE AND CONSENT - LASER/LIGHT ASSISTED NON-ABLATIVE SKIN REJUVENATION

- I (we) voluntarily request laser/light assisted "skin rejuvenation" in the following areas: \_\_\_\_\_,
- I (we) voluntarily consent and authorize that this laser/light assisted treatment be performed by the staff of this spa, including, technicians, associates, technical assistants, and other providers as deemed necessary by the staff of this spa. I (we) hereby release this spa, its staff, and any other participating providers from any and all liability for any adverse effects that may result from this treatment and related procedures.
- For the purposes of accurate record keeping in connection with the care and treatment, which I am receiving and will subsequently receive from this spa, I (we) the undersigned, consent to have this spa's staff take before, during, and after treatment close-up photographs of the involved area(s) and the anatomical region surrounding the involved area(s). These photographs shall be used for medical records and shall be treated with the same confidentiality as the remainder of my record at this spa.
- I (we) recognize that this laser/light assisted treatment is not an exact science and I (we) acknowledge that no guarantees or assurances have been made to me (us) as the result or cure. There are risks related to the performance of these procedures. I (we) understand and acknowledge that the risks that may occur in performance of these procedures. I (we) understand and acknowledge that the risks that may occur in connection with this particular procedure may include the following:
  1. Infection - Albeit rare, skin infection is a possibility any time a skin procedure is performed. I acknowledge and understand that although rare, it is possible for a skin infection to become a blood-borne wide spread infection.
  2. Blood clots in veins and lungs - Albeit extremely rare, it may be possible to develop a blood clot associated with the treatment that goes (immobilized to the heart and/or lungs).
  3. Allergic reactions - Although uncommon, I could possibly develop an allergic reaction to medicines applied to the reacted area and that I could possibly develop an allergic relation to any medications that may be prescribed for me.
  4. Hemorrhage and bruising - Bruising in the treated area is possible, especially if, within the last ten days, I (we) have taken aspirin or aspirin-containing products, or other medications that "thin" the blood.
  5. Recurrence of the lesion - I may not experience permanent results even with multiple treatments.
  6. Painful or unattractive scarring- Scarring is a rare complication of laser assisted treatment, but scarring is possible because the skin surface is disrupted by the laser. To minimize the chances of scarring, it is most important that I follow all postoperative instructions carefully.
  7. Discomfort and pain - Some discomfort will be experienced during and after the laser treatment. I give my permission for the administration of topical and/or local injection of anesthesia when and if deemed appropriate.
  8. Pigment changes (skin color) - During the healing process, the treated area may become either lighter or darker in color than the surrounding skin. This is usually temporary, but on a rare occasion, it may be permanent.

9. **Poor healing** - The resultant open wound may require more than the usual one to three weeks to heal.
10. **Sun exposure** - Once the surface has healed, it may be pink and sensitive to the sun. Treated areas should be blocked completely, that is sun block with a SPF greater than 40 should be used at all times in areas not protected by clothing, whether or not I am in the sun.
11. **Blindness and eye damage** - The laser, without protective eyewear, may cause visual loss including blindness. It is important to keep these shields on at all times during the procedure and that I should keep my eyes closed in order to protect my eyes from accidental laser exposure.
- I (we) understand and acknowledge that I have been informed by means of visual aids, as well as individual discussion, that multiple treatments are often required to cause long-term results and that some clients have no results even with multiple treatments. The usual number of treatments required is two to three, but more treatments may be required.
  - I (we) have been given an opportunity to ask questions about my condition, alternate forms of anesthesia and treatment, the procedure to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give the informed consent. By signing below, I (we) certify that I (we) have read and fully understand the contents of this document and that I (we) have received and understand all of the disclosures referred to herein. 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 having legal custody will also be required before treatment.

Have you ever been diagnosed with an infectious disease such as (HIV positive, Hepatitis A or Hepatitis B?)

Signature of

Client: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

Work: \_\_\_\_\_ DOB: \_\_\_\_\_ Who referred you: \_\_\_\_\_

Signature of Person Authorized to Consent to Client: \_\_\_\_\_

Print Name of

Client \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

# POST LASER/LIGHT TREATMENT CARE - VASCULAR/PIGMENTED LESIONS

1. Be careful with hot water and do not bathe with very hot water until healed.
2. Keep the area moist with Aloe Vera gel, or Aquapohor Healing Ointment until inflammation resolves and the area is healed.
3. Keep the treated area out of the sun. If sun is unavoidable, cover it or block it with SPF 40 or above for at least 4 weeks following treatment.
4. Keep clothing from rubbing the treated area and avoid other irritation to the area.
5. Do not use hairspray on or around the treated area.
6. Notify the spa should you have any prolonged redness, excessive puffiness, or other unusual side effects.

## Important Facts to Remember

1. There will be redness, and occasionally, mild blistering of the treated areas lasting for several hours to 3 - 14 days.
2. The treated area might "crust", "flake", or look like a "cat scratch". This should resolve within 3 - 12 weeks apart.
3. Each area to be treated usual requires two or more treatments approximately 2 - 12 weeks apart.
4. It might be impossible to remove the lesion forever. Even though the lesion may be diminished or "disappear" for long periods of 3 - 6 months, it might return in the future. The fact that the lesion responded to treatment and was disabled for an extended period almost invariably means it will respond to future treatment.
5. Product dispensed: \_\_\_\_\_ use as directed.

Signature of Client \_\_\_\_\_

Signature of Person Authorized to Consent for Client \_\_\_\_\_

Print Name of Client \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

In the event that you and your esthetician decide to do one of the three peels: (micro peel, micro peel plus or LHA, it is important to understand that even though the chances are slim, there could always be adverse effects. I \_\_\_\_\_ (int.) understand that while the benefits of the peels are to smooth fine lines, help with skin discoloration, reduce the appearance of acne scars and environmental damage to the skin, there could be risks in rare cases, that may occur in connection with this particular procedure.

The foregoing list is not intended to be a complete or exhaustive list of all possible problem or complications, which may arise as a result of the Clinical procedure. Should one or more of the foregoing complications arise, please notify us immediately.

**Discomfort:** is generally minimal and subsides after a sort duration

**Swelling:** is unusual, but if it occurs, it will be minimal. Swelling subsides in a few hours to a few days

**Reddening:** or a red discoloration may persist anywhere from a few days to several weeks

**Demarcation:** is a difference in color, texture, pigmentation that may occur at the junction between the treated and non-treated skin areas. This is unusual with epidermal Clinical procedures

**Existing Blemishes:** or moles, blood vessels (telangiectasias), freckles and sun spots may become more obvious and darker since layers of dead skin have been removed

**Eye Injury:** caused by chemical getting into the eye, scarring and vision disturbances may occur. Protective safety goggles are recommended to be worn by you, the client, while chemicals are being used during all Clinical procedures

**Scarring:** is very unusual, but may occur

**Pigmentation:** is rare and usually temporary. Possible permanent changes in the color of the skin could occur

**Milia:** may occur, but will usually disappear quickly

**Infection:** is extremely unlikely, but may happen. An outbreak of herpes may occur in effected individuals (if you are prone to cold sores, ask your physician for medication)

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**Signature**

If you cannot make your scheduled appointment, please notify us within 24 hours or one half of your service will be charged to you.