



INFORMED CONSENT FOR LASER PROCEDURES

LASER (Wrinkle Reduction & Skin Tightening), LASER (Photodynamic Skin Rejuvenation), LASER (Micro Laser Peel), BBL (Broadband Light), LED (Light Emitting Diode) LASER (Vein Therapy), LASER (Hair Removal), Laser (Acne Scar Revision), & LASER (Active Acne Solutions)

Name: _____

Date: _____

INSTRUCTIONS

This is an informed consent document which has been prepared to help inform you about laser treatment procedures of skin, risks, and alternative treatments.

It is important that you read this information carefully and completely. Please sign each page, indicating that you have read the page and sign the consent for the procedure as proposed.

INTRODUCTION

Lasers have been used by physicians 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, unwanted hair, unsightly veins, acne scars, and some types of skin lesions/disorders may be treated with the laser. Certain surgical procedures may use the laser as a cutting instrument. In some situations, laser treatments may be performed at the time of other surgical procedures.

Skin treatment programs may be used both before and after laser skin treatments in order to enhance the results.

Risks of Laser & Light Based Treatments

There are both risks and complications associated with all laser treatment procedures of the skin. Risks involve both items that specifically relate to the use of laser energy as a form of surgical therapy and to the specific procedure performed. An individual's choice to undergo a procedure is based on the comparison of risk to potential benefits. Although the majority of patients do not experience these complications, you should discuss each of them with your physician to make sure you understand the risks, potential complications and consequences of laser skin treatment.

Infection - Although infection following laser skin treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth or other areas of the face can occur following a laser treatment. This applies to both individuals with a past history of Herpes simplex virus infections and individuals with no known history of Herpes simplex virus infections in the mouth area. Specific medications may be prescribed and taken both prior to and following the laser treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

Scarring - Although normal healing after the procedure is expected, abnormal scars may occur both in the skin and deeper tissues. In rare cases, keloid scars may result. Scars may be unattractive and of different color than the surrounding skin. Additional treatments may be needed to treat scarring.

Burns - Laser energy can produce burns. Adjacent structures including the eyes may be injured or permanently damaged by the laser beam. Burns are rare yet represent the effect of heat produced within the tissues by laser energy. Additional treatment may be necessary to treat laser burns.



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Color Change - Laser treatments may potentially change the natural color of your skin. Skin redness usually lasts 2

weeks-3 months and occasionally 6 months following laser skin treatment. There is the possibility of irregular color variations within the skin including areas that are both lighter and darker. A line of demarcation between normal skin and skin treated with lasers can occur.

Accutane (Isotretinoin) - Accutane is a prescription medication used to treat certain skin diseases. This drug may impair the ability of skin to heal following treatments or surgery for a variable amount of time even after the patient has ceased taking it. Individuals who have taken the drug are advised to allow their skin adequate time to recover from Accutane before undergoing laser skin treatment procedures.

Fire - Inflammable agents, surgical drapes and tubing, hair, and clothing may be ignited by laser energy. Laser energy used in the presence of supplemental oxygen increases the potential hazard of fire. Some anesthetic gases may support combustion.

Laser Smoke (plume) - Laser smoke is noxious to those who come in contact with it. This smoke may represent a possible bio-hazard.

Skin Tissue Pathology - Laser energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible.

Visible Skin Patterns - Laser treatment procedures may produce visible patterns within the skin. The occurrence of this is not predictable.

Patient Failure to Follow Through - Patient follow through following a laser skin treatment procedure is important. Post operative instructions concerning appropriate restriction of activity, use of dressings, and use of sun protection need to be followed in order to avoid potential complications, increased pain, and unsatisfactory result. Your physician may recommend that you utilize a long-term skin care program to enhance healing following a laser skin treatment.

Damaged Skin - Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis (hair removal treatments), or radiation therapy may heal abnormally or slowly following treatment by lasers or other surgical techniques. The occurrence of this is not predictable. Additional treatment may be necessary.

Distortion of Anatomic Features - Laser skin treatments can produce distortion of the appearance of the eyelids, mouth and other visible anatomic landmarks. The occurrence of this is not predictable. Should this occur, additional treatment including surgery may be necessary.

Unsatisfactory Result - There is the possibility of an unsatisfactory result from these procedures. Laser procedures may result in unacceptable visible deformities, skin slough, loss of function, and permanent color changes in the skin. You may be disappointed with the final result from laser treatments.

Pain - Very infrequently chronic pain may occur after laser skin treatment procedures.

Allergic Reactions - In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during medical procedures and prescription medicines. Allergic reactions may require additional treatment.

Lack of Permanent Results - Laser or other treatments may not completely improve or prevent future skin disorders, lesions, or wrinkles. Additional procedures or surgery may be necessary to further tighten loose skin.



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Delayed Healing - It may take longer than anticipated for healing to occur after laser treatments. Skin healing may result in thin, easily injured skin. This is different from the normal redness in skin after a laser treatment.

Unknown Risks - There is the possibility that additional risk factors of laser skin treatments may be discovered.

Surgical Anesthesia - Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

Additional Treatment or Surgery Necessary - There are many variable conditions which influence the long-term result of laser skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon.

Should complications occur, procedures, surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of laser skin 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, laboratory tests, and possible outpatient hospital charges, depending on where the procedure is performed. 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 full payment. Additional costs may occur should complications develop from the treatment.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed- consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above Information carefully and have all of your questions answered before signing the consent on the next page.

Please initial the procedures that will be done in the clinic:

- Laser (Wrinkle Reduction & Skin Tightening) BBL (Broadband Light Therapy)
 Laser (Photodynamic Skin Rejuvenation) Laser (Acne Scar Revision)
 Laser (Micro Laser Peel) Laser (Active Acne Solutions)
 Laser (Hair Removal) LED (Light Emitting Diode) Laser (Vein Therapy)

Patient Signature: _____

Date: _____



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LASER THERAPY MEDICAL HISTORY

Name _____ DOB _____

Address _____

Email _____

Home Phone _____ Work/Cell Phone _____

Primary Physician's Name _____ Phone _____

Current medications: _____

Herbal supplements: _____

Allergies: _____ Are you on antibiotics at this time? _____

Medical History:

For facial laser hair removal, have you ever had dermabrasion or a chemical peel? YES | NO

If so, when, where and by whom? _____

Are you currently using or have you ever used Retin-A? YES | NO

When did you start? _____ When did you stop? _____

Are you currently using or have you ever used Accutane? YES | NO

When did you start? _____ When did you stop? _____

Do you have any skin disorders? _____

Do you have or have you ever had vitiligo (loss of skin pigment)? YES | NO

Are you a keloid former (extra large scars)? YES | NO

Do you ever get "herpes" skin eruptions or cold sores? YES | NO

Have you had laser hair removal in the past? YES | NO

When did you start? _____ When did you stop? _____

Have you had electrolysis treatment for unwanted facial/body hair in the past? YES | NO

When did you start? _____ When did you stop? _____

Have you had any problems with cosmetic treatments or surgery in the past? YES | NO

If so, when and what? _____

Previous Hospitalizations/Surgeries:

Women: Are you pregnant, trying to get pregnant, or lactating (nursing)? _____



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EXPECTATIONS

Please explain briefly where and what type of improvement you desire from laser hair removal:

Areas of special concern: _____

SKIN TYPE (Circle one from each column)

TYPE	SKIN TYPE	EYES	HAIR COLOR	REACTION TO FIRST SUN EXPOSURE
I	Very Light	Blue	Red	Always burn, never tans
II	Light	Green	Blonde	Usually burn, tan with difficulty
III	Medium	Brown	Light brown	Sometimes mild burn, tan average
IV	Medium-dark	Black	Brown	Rarely burn, tan with ease
V	Dark brown			Rarely burn, tan very easily
VI	Black			Never burn, tan very easily

Any other comments:

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health, I will report it to the office as soon as possible. I have read and understand the above medical history and questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature _____ **Date** _____



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LASER THERAPY PRE- & POST- TREATMENT INSTRUCTIONS

BEFORE TREATMENT

- Avoid the sun or tanning booths for 4 to 6 weeks before treatment. If you are going to be treating sun exposed areas, apply sunblock (at least SPF 15) each morning for one month before treatment.
- No bleaching, plucking, electrolysis or waxing of hairs in desired treatment area for six weeks.
- If you have a history of herpes or cold sores, you may need antiviral medication. This medication should be started one day before laser treatment and continued for one week after treatment.
- You may shave as often as desired.
- Carefully shave the treatment area the evening before your laser session.
- Arrive at our facility with the treatment area clean and free of makeup (if treating the face).

AFTER TREATMENT

- There may be redness or swelling around the treated area. This may last for a few hours. The skin will be sensitive and feel similar to a sunburn. Treat the area gently by keeping the skin moist with either Aquaphor Healing Ointment or Aloe Vera Gel. If any blistering or scabbing develops, switch to Bacitracin Ointment and call the office.
- Do not pick, rub, or scratch the area. Do not use any irritating substances on the treated area (i.e., RetinA, glycolic acids, alpha-hydroxy acids, hair removal products, etc.) until the skin returns to normal.
- If your face was treated, your skin will be extra-sensitive to heat. Keep away from the oven for 24 hours, and maintain a cool water temperature when taking a shower or bath.
- If the treatment area will be exposed to the sun, apply sunblock (at least SPF 15) after the skin returns to normal. If the treated area seems to darken in color, call our office for bleaching cream.
- If your face was treated, you may resume using makeup when the skin looks and feels back to normal.
- Shedding of the hair follicle may or may not occur after 5 to 7 days.
- The treated area should be ready for the next session in about 4 to 8 weeks.