

J K Laser Aesthetics Inc.

Informed Consent for Acne Reduction

Client's name: _____ Date: _____

I _____, consent to and authorize J K Laser Aesthetics Inc to perform treatments on me. Light can be used effectively to destroy targets located in the skin with minimum damage to the surrounding tissues. Acne develops when the oil glands in the skin get clogged. This creates the right conditions for the acne bacteria to multiply and results in an infection (redness, swelling, soreness and pus). The pulsed light is absorbed in the clogged gland which results in the formation of oxygen. The oxygen breaks down the bacteria and helps to reduce acne.

Laser therapy for acne reduction, despite its high levels of efficacy and safety, is not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Irritation, itching, and/or a mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment.

1. Pigmentary changes such as hyper-pigmentation (browning) and hypo-pigmentation (lightening) of the skin in the treated areas can occasionally occur. This is usually transient lasting up to six months, but in rare cases it can be permanent. Most cases of hypo- or hyper-pigmentation occur in people with darker skin or when the treated areas have been exposed to sunlight before or after treatment. Occasionally these pigmentary changes occur despite appropriate protection from the sun.
2. Scarring, which can be hypertrophic or even keloid formation (a firm, rubbery lesion or shiny, fibrous nodule) is very rare but can occur. Other known complications of this procedure include blisters, reddening of the skin, pinpoint pitted scars, bruising, superficial crusting, burns, pain, and infections. These side effects are usually temporary, lasting from 5-10 days but can be permanent as well.
3. The skin at or near the treatment site may become fragile. If this happens, makeup should be avoided and the area should not be rubbed, as this might tear the skin. A blue-purple bruise may appear on the treated area, which might last from 5-15 days. As the bruise fades, there may be rust-brown discoloration of this skin, which fades in 1-3 months or longer.
4. There is a known and expected loss of hair in the treated areas. In a very small percent of people there is new hair growth in the surrounding areas being treated.
5. Although infection following pulsed light treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus (HSV) infections around the mouth or genital area can occur following a laser treatment. This applies to individuals with a past history of herpes simplex virus infections and those with no history. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.
 - If you have a history of herpes simplex virus we recommend preventative therapy.

Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. There may be

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other treatment options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this non-invasive treatment for acne reduction.

Eye damage can occur from the light and therefore protective eyewear must be worn during all phototherapy sessions.

I have read, discussed and understand the pre- and post-procedural instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post-procedure guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyper-pigmentation, hypo-pigmentation, and other skin textural changes.

Photographs: I give permission for my photographs to be used to help document my treatment course. Complete confidentiality will be maintained.

ACKNOWLEDGMENT:

I hereby permit J K Laser Aesthetics Inc to perform treatments on me.

The procedure has been explained to me and the risks of the procedure have also been explained to me. In addition, I have been told that the procedure may not have the result that I expect. I have also been told about alternative methods of treatment and I understand that I have the right to refuse treatment.

I am aware that I have not been given any guarantees about the results of this procedure. I am aware that follow-up treatments may be necessary for desired results. I agree to adhere to all safety precautions and regulations during the treatment. I have had enough time to discuss my condition and treatment and all of my questions have been answered to my satisfaction. I believe I have enough information to make an informed decision and I agree to have the procedure.

Client/Guardian Print Name: _____

Client/Guardian Signature: _____

Date_____