

**Patient Name:** \_\_\_\_\_

## Fractional CO<sub>2</sub> Laser Consent Form

I authorize Abrams Dermatology to perform fractional CO<sub>2</sub> laser treatments on me, including but not limited to, treatment of wrinkles, acne scarring, fine lines, pigmented and vascular lesions. I understand this is a purely elective procedure, that results may vary with each individual, and that multiple treatments may be necessary. **Initials** \_\_\_\_\_

I understand that there is a possibility of rare side effects, such as scarring, permanent discoloration, as well as short-term effects such as reddening, mild burning, temporary bruising and discoloration of the skin. These effects have been fully explained to me. **Initials** \_\_\_\_\_

- 1 Serious complications are rare but possible.
- 2 Common side effects include temporary redness and mild sunburn-like effects that may last from a few hours to a few days. The treated area may remain red and swollen for 2 – 72 hours. Rarely, veins and vascular areas may initially appear dark red to purple in color.
- 3 Pigment changes, including hypo-pigmentation (lightening of the skin) or hyper-pigmentation (darkening of the skin) lasting from 1 – 6 months or longer may occur, especially if you are not compliant with sun protection during therapy.
- 4 Freckle may temporarily or permanently disappear in a treated area.
- 5 Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling and failure to achieve the desired results.
- 6 Laser light could cause serious eye injury; protective eyewear must be worn during treatment.
- 7 I understand that sun or tanning lamp exposure, and not adhering to the pre-care and post-care instructions may increase the chance of complications, may increase healing time, and may decrease obtaining optimal results.

I realize that based on the experience of Abrams Dermatology and the experience of many other physicians, it was found that those people who tend to sunburn rather than tan usually obtain good results. On the other hand, those who tan more easily tend to have greater variation in their results. Patients who fall in the latter category may experience partial improvement, while others will have minimal results. **Initials** \_\_\_\_\_

I also understand that there are other options for treatment available and each of these other treatments has been fully explained to me. **Initials** \_\_\_\_\_

I consent to photographs being taken to evaluate treatment effectiveness, for medical education and training. **Initials** \_\_\_\_\_

I understand that the treatment involves payment at the time of service and the fee structure has been fully explained to me. I understand that no insurance companies will reimburse for these cosmetic procedures. **Initials** \_\_\_\_\_

*For women of childbearing age:* By signing below I indicate that I am NOT pregnant. Furthermore, I agree to keep the staff of Abrams Dermatology informed should I become pregnant during the course of treatment. **Initials** \_\_\_\_\_

Pre-treatment and aftercare instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all of my questions answered. I freely consent to the proposed treatment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature