

WESTSIDE AESTHETICS

FRAXEL™ LASER TREATMENT INFORMED CONSENT

_____ I have been informed and understand that Fraxel™ Laser Treatment is a new approach to laser skin treatment.

_____ I have been informed and understand that the results are variable

_____ I have been informed and understand that more than one treatment will be required.

_____ I understand there is no guarantee that this Fraxel™ Laser Treatment will improve the appearance of my skin.

_____ I have been informed and understand the risks involved with this procedure may include but are not limited to scarring, discoloration of the skin, swelling, loss of pigmentation, redness, lumpiness.

_____ I have been informed there may be side effects not yet reported in the literature since this Fraxel™ Laser Treatment is new technology.

_____ I have been informed and understand that the time period for improvement (if any) is not yet known.

_____ I have been informed and understand that there may be a prickling sensation and some discomfort during the procedure.

There are risks associated with any medical procedure. Since it is impossible to state every risk or complication that may occur as a result of any treatment, the possible risks and complications listed in this informed consent may be incomplete. There may be risks or complications associated with this treatment that are unknown because Fraxel™ Laser Treatment is a new procedure.

By providing my signature below, I acknowledge that I have read and understand all of the information written above as well as that contained within the general informed consent. I have been adequately informed of my alternative treatment options, and the risks of the proposed surgery. I hereby freely consent to the Fraxel™ Laser Treatment to be performed by my physician. I further understand that some of the areas being treated have not been cleared by the FDA (Food & Drug Administration) and give my permission for such treatment.

Patient Name (Printed)

Patient (Signature)

(Date)

Physician's Signature

Witness

(Date)

DISCLAIMER: This consent form is provided for your convenience and is meant to act as a template only. This form should be reviewed and edited to ensure that its contents comply with your institution's requirements. The physician and medical staff are responsible to ensure a patient obtains certain information concerning the nature, risks, and costs associated with a given procedure or treatment plan. Reliant Technologies is not in the business of practicing medicine and takes no responsibility for the contents of this consent form.