



**Consent For Treatment For Skin Resurfacing with the Spectrum Er:Yag Laser System**

I, \_\_\_\_\_, authorize and consent to the treatment of superficial wrinkles, skin texture, and/or pigmented lesions with the Spectrum Laser System. \_\_\_\_\_ (initials)

I have been advised by, \_\_\_\_\_ of North Sunflower Cosmetics of the purported advantages and disadvantages associated with this treatment. \_\_\_\_\_ (initials)

I understand that treatment with this laser system varies from patient to patient and that more than one treatment may be required. \_\_\_\_\_ (initials)

Although rare, adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes, and trace scarring could occur. \_\_\_\_\_ (initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure. \_\_\_\_\_ (initials)

I understand that the possible benefits are the reduction and the elimination of wrinkles and pigmented lesions. \_\_\_\_\_ (initials)

I certify that I do not have any of the following conditions which are CONTRAINDICATIONS to laser treatment: history of melanoma, raised moles, suspicious lesions, keloid scar formation, healing problems, active infections, open lesions, hives, active herpetic lesions or cold sores, tattoos or permanent make-up in the area of treatment, recent use of Accutane, tetracycline, or St. John's wort in the last year, autoimmune diseases such as Lupus, Scleroderma, Vitiligo. \_\_\_\_\_ (initials)

I certify that I am not pregnant or breastfeeding. \_\_\_\_\_ (initials)

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes. \_\_\_\_\_ (initials)

I have been given the opportunity to ask questions and have received satisfactory answers to the questions. \_\_\_\_\_ (initials)

I hereby authorize the taking of photographs. These photographs may be used to demonstrate the results this laser produces. \_\_\_\_\_ (initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician and North Sunflower Cosmetics from any and all liability, damages, cost and expenses arising from or out of the use of the Spectrum laser for the treatment of wrinkles, skin texture, and/or the removal of pigmented lesions. \_\_\_\_\_ (initials)

With all of the above information understood, I am choosing to be treated with the Spectrum Erbium Laser System. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name