



**Consent for Treatment for Vascular Reduction
With Spectrum Long Pulse Yag Laser System**

I, _____, authorize and consent to the treatment of vascular lesion reduction with the Spectrum Long Pulse Yag laser system. I have been advised by _____ of North Sunflower Cosmetics, of the purported advantages and disadvantages associated with this treatment.

_____ I understand that treatment with this laser system varies from patient to patient and that multiple treatments may be required. No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure.

_____ I understand the possible benefits are the complete lightening and reduction of blood vessels in the treatment area.

_____ I understand the potential risks include:

- Pain, burning, blister formation, and stinging sensation at the site of treatment.
- Infection associated with the treatment site.
- Pigmentary (color) changes at the treatment sites including decrease in skin color (hypopigmentation or lightening) and/or increase in skin color (hyperpigmentation or darkening).
- Scar formation at the treated site.
- Laser induced "cold sore like" blistering skin eruptions known as "herpetic" skin eruptions at the treatment site or surrounding tissue.
- Poor cosmetic outcome.
- Recurrence of vessels at the treated sites.

_____ Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes.

_____ I understand that there will be a charge for this and all consecutive treatments unless arrangements have been made otherwise.

_____ 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, tattoos or permanent make-up in area of treatment, recent use of Accutane, tetracycline, or St. John's wort in the last year; autoimmune diseases such as Lupus, Scleroderma, Vitiligo.

_____ I certify that I am not pregnant or breastfeeding.

_____ I have informed my physician of my recent sun exposure and if I have had any, I understand the risks of skin discoloration and other with treatment.

_____ I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the physician and/or treating technician, and the staff at the office of North Sunflower Cosmetics from any and all liability, damages, cost, and expenses arising from or out of the use of the Spectrum Long Pulse Yag Laser System.

I have been given the opportunity to ask questions and have received satisfactory answers to those questions. My below signature indicates that I have decided to receive treatments, having read and understood this information presented above.

Signature

Date

Print Name