

Allergies:

Photosensitivity Medications:

Phone#:

Pregnant: Y/N

Rx topical:

Email:

DOB:

## INFORMED CONSENT FOR Nd:YAG 1064NM LASER SERVICES

I, \_\_\_\_\_, have given \_\_\_\_\_ LASER NOW \_\_\_\_\_ and/or  
(Name)

Aerolase company representative, permission to perform Nd:YAG laser services on my face and other parts of my body.

The LightPod Neo™ (Nd:YAG 1064nm) laser is FDA approved for a variety of services including hair removal, vein service and wrinkle reduction. This form is designed to give you the information you need to make an informed choice of whether or not to undergo Nd:YAG laser. If you have any questions, please do not hesitate to ask. Although the laser service is effective in most cases, no guarantee can be made that a specific client will benefit from laser.

The laser emits an intense beam of light that is absorbed in specific body tissues within the skin, and depending upon the service, several visits may be required at intervals specified.

Some of the possible complications of Nd:YAG laser service are:

1. Discomfort – The service is done so precisely that surrounding tissue is minimally affected; the client may experience a mild sensation of pain in the affected areas. Some degree of skin flushing may occur, but it typically resolves within several hours.

Initials \_\_\_\_\_

2. Scarring – There is a small chance of scarring, including hypertrophic scars, or very rarely, keloid scars. Keloid scars are very heavy raised scar formations. To minimize chances of scarring, it is important that you follow all instructions carefully. It is important that any prior history of unfavorable healing be reported.

Initials \_\_\_\_\_

3. Pigmented changes – The area may heal with lighter or darker pigmentation. This occurs more often in darker pigmented skin and following exposure of the area to the sun. It is recommended that you protect yourself from any sun exposure for at least three months following service. Hyperpigmentation usually fades in three to six months. However, pigment change can be permanent.

Initials \_\_\_\_\_

4. HSV Reactivation – The client agrees to notify the staff if he/she has any history of Herpes viral infections, as the laser service may cause it to reactivate.

Initials \_\_\_\_\_

5. Lack of Response – There is a possibility that the targeted hairs, veins or other areas will not respond. This is often a function of the specific body chemistry of the patient, including relative pigmentation and light absorption characteristics of the patient’s various body tissues.

Initials \_\_\_\_\_

6. Eye Exposure – There is also the risk of harmful eye exposure to laser. Safeguards should be provided by the staff. It is important that you keep your eyes closed and have protective eye wear at all times during laser.

Initials \_\_\_\_\_

7. Photographs – I consent to be photographed before, during, and after and that these photographs shall be the property of the above and may be published in scientific journals or for scientific or marketing reasons.

Initials \_\_\_\_\_

I certify that I have read or have had read to me, the content of this form. I understand the risks and alternatives involved. I have had the opportunity to ask any questions that I had and all of my questions have been answered. I affirm that I am at least 18 years of age.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Client or person authorized to consent)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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