

Laser Treatment for Pigmented Lesion Consent

I hereby authorize James D. Wethe, MD and/or his associates and assistants (RN) to perform pigmented lesion treatment on me. I understand that this procedure works to remove pigmented lesions, age and sun spots by targeting the areas to be treated with a bright pulsed light. I hereby confirm I had a discussion with my physician/nurse regarding pulsed light therapy and its benefits and possible consequences. I agree to wear protective eye goggles to prevent any eye damage from pulsed light.

The CoolGlide XEO laser is effective in most cases, however no guarantee can be given that a specific patient will benefit from the procedure. Additionally, the nature of the laser procedure may require a patient to return for other visits in order to achieve the desired results. I understand that any additional treatments will be the patient's financial responsibility should they be necessary in the future.

The following points have been discussed with me:

- the possible benefits of the proposed procedure.
- the possible alternative medical procedure(s), such as fat injection, chemical peels, topical creams, or no treatment at all.
- the probability of success.
- the anticipated consequences if the procedure is not performed.
- the possible complications/risks involved with the proposed procedure subsequent healing period; including but not limited to edema, blistering, infection and scarring.

I am aware of the possible risks/complications with laser treatments to include:

- Discomfort – Some discomfort may be experienced during laser treatments.
- Wound Healing – Laser surgery may result in swelling or flaking of the treated area, which may require medication to heal. Once the surface has healed, it may be pink and sensitive to the sun for an additional 2-10 weeks.
- Bruising of the treated area may occur. Additionally, there may be some swelling noted or infection.
- Pigment Change – (Skin color) during the healing process, there is a possibility of the treatment area becoming either lighter or darker in color than the surrounding skin. This is usually temporary, but on rare occasion, it may be permanent.
- Scarring – is a very rare occurrence.
- Eye Exposure – protective eyewear (goggles), will be provided. It is important to keep these goggles on at all times during the treatment in order to protect your eyes from accidental laser exposure.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent and fully understand it. These items have been reviewed and discussed with the doctor/nurse and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability The Laser Image Company or any of its officers, directors, or employees for any condition or result, known or unknown that may arise as a result of any treatment that I receive.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____