

## CO2/Erbium LASER CONSENT - COSMETIC PROCEDURES

I understand that the planned procedure is the treatment of facial lines around the mouth, eyes or in general of the face itself using the CO2 or Erbium laser. The goal and purpose of the procedure is to attempt to improve the lines through one or possibly several treatments depending on the depth of the line, the age of my skin, and the location of the lines.

I understand that the risks of laser therapy are like any other surgical procedure and include:

- pain
- bleeding
- infection
- scarring
- hyperpigmentation or decreased pigmentation
- drug reactions
- persistent redness of the treated area

The risk of scarring exists despite proper laser treatment and can not be avoided but certainly can be lessened by following the physicians instructions for after care. Notify the office promptly if any problem with healing occurs.

In addition, I understand that there is a possibility of accidental eye injury by the laser beam. Although unlikely due to precautions taken by the physician I am aware of this.

The procedure is considered cosmetic and in most cases will not be covered by insurance. I also understand that my health insurance may or may not cover any complications of the treatment.

I have discussed the proposed laser treatment with the physician. I understand the risks involved and have had all my questions answered to my satisfaction. I understand the goals, alternative therapies possible, the risks and complications and wish to proceed with the laser treatment. I understand that no guarantee or promise as to the results can or has been made by the physician.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date