

Eastside Primary Care & Wellness

1601 116th Ave NE Suite 111

Bellevue, WA 98004

(p) 425.467.1314

(f) 425.458.3102

Procedure Consent

Treatment with the Profile Laser

Description of Treatment

An appropriate treatment for _____ is laser treatment using the Profile laser. The laser, which will be used, has been cleared for distribution by the FDA for this use, and lasers like this one have been in clinical use for several years. The overall goal is to provide satisfactory treatment for the reduction or elimination of _____. The laser that will be used is the Profile by Sciton Inc.

Procedure

A brief medical history will be taken and an examination of your skin will be performed.

For the last two weeks before treatment, you will be told to avoid sun exposure and tanning beds. If you are obviously tanned you should not be treated. If you have a history of herpes, medications to reduce the risk of an outbreak will be prescribed for one week.

On the day of the treatment, you may be required to wear comfortable clothes and shoes. You may be asked to remove eye glasses or jewelry you may be wearing. You may be asked to lie on an examination table. A label or marked may be placed over the area to be treated. This area will be photographed.

You will be asked to wear special eye goggles to protect your eyes against possible accidental exposure to laser light. The area(s) of the skin will be exposed to various doses of light from the laser system, and will be photographed again. If the area is not anesthetized, you may experience discomfort from the laser exposure, which has been described as the sensation of being "snapped with a rubber band". You will care for the skin area(s) gently cleaning daily with gentle, antibacterial cleanser and applying sunscreen with an SPF of 15+.

You will avoid picking or scratching the area, and you will also avoid sun exposure and tanning beds, which can cause skin to darken and appear blotchy

The course of treatments may a number of treatments, occurring at three to six week intervals. Following treatment, you will then return for evaluation within a time determined by the physician. The actual treatment time and number of treatments will be dependent on condition being treated. Each treatment may take up to 40 minutes. There may be multiple follow-up visits. Each follow up visit may take up to 30 minutes depending on the size of the treated area.

After Care Instructions

For one week after treatment, you will be asked to follow the care instructions listed below, to minimize the risk of complications from this procedure. Please note that your physician may choose to provide alternative care instructions.

- Avoid all sun exposure and tanning beds if the treated area appears irritated.

Initial studies have found that tanned skin is more likely to blister during this procedure.

- Apply a broad spectrum UVA/UVB sunscreen, with a SPF of 15 or greater, daily for at least 2 months.

Risks and Discomforts

There is a risk of eye damage from lasers, which will be taken care of by wearing protective goggles during laser use. There is a risk of infection wherever the skin is wounded, which is why you must clean and care for the treated area as directed. Infection is rare when this is done. When there is no infection and picking is avoided, the risk of scarring from these lasers is extremely low. Other risks include white spots, which are usually infrequent and short lived, but which can be permanent. There could be possible loss of tanning ability in the treated area.

Occasionally, brown/gray area dark area may occur at the sites of the laser exposure, especially if you expose the skin to sunlight while is healing. These occur rarely, but can be unsightly and can last for months to a year or more.

There is a possibility that you may have local anesthetic prior to treatment that may cause and allergic reaction. This reaction could include itching or burning, and swelling of the area, or could be more severe, including breathing difficulty. There is also the possibility of infection in the treated area.

Alternatives to Treatment

Alternate treatments for photodamage include _____

_____.

Confidentiality

Medical information associated with treatment will become part of your medical record, and will be stored in the doctor's file under restricted access.

Contact Person / Physician

If you have any questions about this treatment, or treatment related injury, please contact _____ or his/her associates at _____.

Consent

Doctor's Signature

I have explained to _____ the purpose of the research, the procedures required, and the possible risks and benefits to the best of my ability.

(Doctor)

(Date)

Patient Signature

I confirm that _____ has explained to me the purpose of the treatment, the procedures I will undergo and the possible risks and discomforts as well as benefits that I may experience. Alternatives to this treatment have been discussed. I will receive a copy of this consent form. I have read and understand the consent form. Therefore, I voluntarily agree to pursue this course of treatment.

Patient's Name (Print)

(Patient's Signature)

(Date)