



Informed Consent for Laser Services

Patient Name (printed): _____

Date: _____

I, _____ consent to and authorize _____ to perform the procedure. I have read the possible side effects listed below and understand what is presented there and accept the risks and the terms of agreement. I have been provided the time to ask questions and have had them answered to my satisfaction. I release Parker Laser (aka Parker Day Spa), Tina Long, Nicole Cox, Tracy Paral, Sooz Elliott or any other laser technician under the advisement of Tina Long and Dr. Timothy Judd, the referring physician, from liability associated with this procedure. This release is freely and voluntarily executed and shall be binding upon myself, spouse, relatives, legal representatives, heirs, administrators, successors and assignees, or anyone else.

Hair Removal(Laser or IPL), Brown/Age Spots, Rosacea and Spider Vein Removal/Reduction, Photofacial/Skin Rejuvenation and/or Non-Ablative Wrinkle Reduction, CO2 Fractional Laser Skin Resurfacing, Isolaz, Spectra Peel , Tattoo Removal:

The following problems may occur with the laser.

1. However slight, there is a risk of scarring Initial: _____
2. Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyper-pigmentation (browning) and hypo-pigmentation (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before & after treatment reduces the risk of color change. Initial: _____
3. Infection: Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex in the mouth area. Should any type of skin infection occur, medical antibiotics may be necessary. Initial: _____
4. Bleeding: Pinpoint bleeding can occur following treatment. Initial: _____
5. Skin Tissue Pathology: Energy Directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may

not be possible. Only clearly benign pigmented lesions can be treated.

Check with your doctor for a clearance for the treatment. Initial: _____

6. Allergic Reactions: In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.

Initial: _____

7. I understand that exposure of my eyes to the laser could harm my vision. I must keep my eyes closed and/or keep the eye protection (goggles) on at ALL times. Initial: _____

8. Other unforeseen reactions may occur. Initial: _____

9. Treatment is contraindicated in patients currently taking anti-coagulants, active skin infection, isotretinoin use in the past year (i.e. Accutane), compromised immune system, impaired healing (e.g. keloid scar formers), pregnancy, pacemaker, gold therapy, vitiligo, tattoos, colloidal silver.

Initial: _____

Patient's Legal Signature:

Date: _____

****In consideration of our clinicians and other clients, IF 48 hour notice is not given, \$35 per fifteen (15) minutes is required prior to your next visit. Appointments after 6P.M. have a \$50 per 15 minute penalty. (These are prime appointments!)**

Patient Signature: _____