

Parker Laser and Anti-Aging Clinic, LLC
CO2 FRACTIONAL LASER SKIN RESURFACING

Informed Consent for Treatment

Patient Name _____ Date _____

Address: _____

Procedure _____

I _____ hereby request and authorize _____

to perform Sandstone Matrix Fractional Laser Skin Resurfacing on my _____.

I understand the Sandstone Matrix Fractional Skin Resurfacing laser is an FDA cleared device. I have had time to discuss my indications and the treatment with my laser technician and all of my questions have been answered to my satisfaction. I have adequate knowledge of the procedure to sign an informed consent for surgery.

I understand that 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, vitaligo, tattoos, colidal silver.

I understand that the Sandstone Matrix fractional laser is a class IV Carbon Dioxide laser and that I must keep my eyes closed during the treatment and my eyes will be covered during treatment.

I understand that clinical results may vary depending on my response to surgery and my compliance with pre and post treatment instructions.

I also understand that possible complications and risks include scarring, pigment changes, infection, swelling and prolonged redness of the treated skin.

I consent to taking photographs and authorize their anonymous use for public education, medical study or research and documentation for my medical records _____ (Pt. initials).

I do not consent to photographs _____ (Pt. initials).

I understand and will follow the laser technician's recommendations for post treatment care of my skin.

I understand that no guarantee has been given to me with regard to the percentage of improvement of my skin and that more than one fractional laser skin resurfacing treatment may be necessary to achieve the desired results.

Patient (Print Name) _____

(Signature) _____ Date _____

Witness (Print Name) _____

(Signature) _____ Date _____