



Informed Consent for Laser/Skin Services

Patient Name (printed): _____

Date of Birth: _____

I, _____ consent to and authorize Parker Med Spa to perform the treatment. 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 Med Spa, Tina Long, Nadia Ker, Stepheni Baldivia, or any other laser technician and esthetician under the advisement of Tina Long and Dr. Sidney Eisenbaum, Medical Director, 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, Chemical Peel, and Microdermabrasion:

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 the 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: _____

Zerona, YOLO (fat emulsifying lasers) and Healing: These treatments involve the application of a low intensity laser, which has been shown through extensive research to break down the fat cell membrane in the areas being treated, stimulating the body to rid itself of the excess fat. Excess fat is then removed naturally by the body's lymphatic system and subsequently excreted without the potential side effects of downtime associated with more invasive procedures such as liposuction. There are few risks associated with low-level laser therapy. The only known risk with the use of this device is that long-term exposure to laser light may cause damage to your eyes if unprotected. In addition, there may be unknown risks associated with low-level laser therapy of which we are not yet aware.

~ In consideration of our clinicians and other clients, **If 48 hours notice is not given for appointment cancellation or you "no show" for an appointment there is a \$35 per fifteen (15) minutes fee that must be paid prior to your next visit. Appointments after 4PM and on Saturdays (prime appointment times) have a \$50 per 15 minute penalty.** Initial _____

~ For the comfort of our guests and the safety of your children, **we cannot allow children in the spa unless they are here for services.** Initial _____

Patient's Legal Signature:

Date: _____