

Pigmented Lesion Treatment Consent Form

An appropriate treatment for pigmented lesions is laser treatment using the Cynosure Elite+ laser. The overall goal is to provide satisfactory treatment for the reduction or elimination of pigmented lesions.

Procedure

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

You need to avoid sun exposure and tanning beds for three weeks prior to treatment. If you are tanned, you may not be treated. If you have a history of herpes, medications to reduce the risk of an outbreak will be prescribed as appropriate.

On the day of the treatment, you may be required to wear comfortable clothes and shoes. You will be asked to remove eyeglasses and jewelry. A label or mark may be placed over the area that will be treated and the area will be photographed.

You will need to wear special eye goggles to protect your eyes against possible exposure to laser light. During treatment, your skin will be exposed to various doses of light from the laser system, and will then be photographed again. You may experience discomfort from the laser exposure, which has been described as being similar to the sensation of —snapping with a rubber band. Local swelling, crusting and redness may also result from the exposure. You will care for the skin area(s) gently cleaning daily with gentle, antibacterial cleanser and applying a broad spectrum (UVA/UVB) sun block SPF 30 or greater. The sun block should be applied before leaving the office.

To achieve desired effects, you may require a number of treatments, occurring at three to six week intervals. Following treatment, you will be evaluated within a time period determined by the physician.

I certify that I have read and understood all information presented to me before signing this consent form. I have also been given the opportunity to ask questions. I understand that results may vary.

I authorize the licensed health care professional listed here: _____
to perform pigmented lesions skin treatment.

Patient _____ Date _____
(or legal guardian)

Witness _____ Date _____