

Fraxel & Fraxel Dual Informed Consent

I understand that Fraxel Laser and Fraxel Dual Laser are FDA approved for the treatment of wrinkles and fine lines, pigmented lesions including age spots and skin discoloration, resurfacing the skin, corrections of melasma, acne scar and surgical scar correction. While laser treatments are effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. Additionally, the nature of laser treatments may require that the client return for multiple treatments in order to achieve the desired results, or to determine that laser treatments may not be completely effective in treating their particular condition. I hereby authorize the professional laser technician of Audubon Dermatology, LLC to perform the above listed procedure(s). I further authorize the certified Audubon Dermatology, LLC professional to do any other procedure that in their judgment they may dictate to be necessary or advisable should unforeseen circumstances arise during the procedure.

The potential benefits of the proposed procedure, the probability of success, and the most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including but not limited to, infection, scarring, burns, pigmentation changes, pain, and possible pin-point bleeding.

I understand that the procedure is purely elective, that the results vary with each individual, and that multiple treatments may be necessary. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. No refund will be given.

As with any medical procedure, you should be aware of the safety issues and restrictions associated with Fraxel and Fraxel Dual Laser.

Serious complications are rare, but possible.

I am not pregnant or trying to become pregnant nor am I nursing at this time.

I have not been on Accutane for at least 6 months.

I do not have a history of keloid scar formation or poor wound healing.

If I choose to have topical anesthesia applied I understand all risk associated with topical anesthesia are possible including allergic reaction, swelling, irritation, and in large quantities overdose which can result in death.

Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer.

I understand there is a risk of pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer.

Freckles may temporarily or permanently disappear in treated areas.

I understand all other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.

I understand all lasers can cause eye injury and protective eyewear must be worn during treatment.

I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chance of complications.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed without my permission.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment the day of the treatment.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I release Audubon Dermatology, LLC, Dr. Hooper, Dr. Jackson and all medical staff, from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Client's Name (Please Print): _____

Client's Signature: _____

Date: _____

Time: _____