



LASER/LIGHT-BASED TREATMENT CONSENT FORM

I authorize Knott Street Dermatology to perform laser/pulsed light cosmetic dermatology treatments on me including, but not limited to, deep tissue heating, soft tissue coagulation, hair removal, wrinkle and tattoo removal, as well as treatment of pigmented, vascular and acne lesions. I understand that the procedure is purely elective, that the results vary with each individual, and that multiple treatments may be necessary.

I also understand that:

Serious complications are rare, but possible.

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

Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin) lasting 1-6 months or longer may occur.

Freckles may temporarily or permanently disappear in treated areas.

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

Lasers/intense pulsed light can cause eye injury. Therefore, 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 publicly without my permission.

Before and after treatment instructions have been discussed with me. The procedure, as well as potential benefits and risks, have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

PATIENT PRINTED NAME PATIENT (OR GUARDIAN) SIGNATURE DATE

PROVIDER NAME PROVIDER SIGNATURE DATE