

I hereby authorize and request _____ to perform laser treatment for _____ . Non-ablative (no removal of body tissue) laser treatment is a technique for improving skin texture, possible reduction of fine wrinkles, reduction or elimination of unsightly pigmented lesions like solar spots or uneven skin color, reduction or elimination of small red and blue blood vessels, possible reduction of hair growth including delayed regrowth of hair, lightening of hair, decreased density of the hair and long term or permanent reduction in the number of hairs growing in the treatment areas.

Multiple laser treatments are required to achieve desired results in the above listed benefits. Short term redness and swelling may be expected.

Possible risks or discomforts (side effects) may include pain, burning, blister formation, stinging sensation, scar formation, laser induced "cold-sore-like" blistering, skin reuptions known as "herpetic" skin reuptions at the site of treatment (in those patients with a known history of herpes simplex virus) and poor cosmetic outcome.

Following laser hair reduction treatment, recurrence of hair growth at treatment sites is also possibility. In patients receiving laser treatment for procedures such as vein treatment or wrinkle reduction, there may also be possible hair reduction at the site of treatment.

Eye injury due to the use of the laser is a risk to the patient and to the clinician; however, the risks are almost completely eliminated with the use of proper eyewear.

I also understand that there are other options for treatment that are available and each of these other options have been fully explained to me.

I DO/DO NOT give permission for photographs, other audio-visual and graphic materials to be used by the physician or Sciton, Inc for marketing or educational purposes. Although photos and accompanying material will not ontain my name, I am aware that I may or may not be identified by the photographs.

My questions have been answered to my satisfaction and the procedure has been thoroughly explained. I now elect to undergo the following procedure _____ .

Date: _____

Patient Name (do not write)