



CONSENT FOR ALMA LASER IPL/INTENSE PULSED LIGHT-BASED TREATMENTS

I authorize Angela Rasmussen CMLT, LCO to perform laser/pulsed light cosmetic skin treatments on me, including, but not limited to, the treatment of pigmented lesions (for example, sun spots, age spots, and other skin discolorations), vascular lesions (for example, red spots, leg veins and small spider veins, but not varicose veins), wrinkles, (rhytides), furrows, fine lines, textural irregularities, nonablative skin resurfacing, soft tissue coagulation, ablative skin resurfacing, and reducing or eliminating hair. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The Alma Laser Aesthetic System is a pulsed-light and laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, hemoglobin in the blood or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including me, must wear protective eyewear to prevent eye damage from this light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat.
- The treated area may be red and swollen for two to twenty-four (2-24) hours or longer, Cooling the area after the treatment (for example, ice packs, topical gels) may help reduce discomfort and swelling.
- Common side effects include temporary redness (erythema) or mild "sunburn" – like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, itching, pain, burns, unsatisfactory appearance and failure to achieve the desired result.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas.
- Serious complications are rare but possible, such as, scarring, blood clots, skin loss, hematomas (collection of blood under the skin), and allergic reaction to medications or materials used during the procedure.
- There is no guarantee that the expected or anticipated results will be achieved.
- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (SPF 45 recommended) after treatment.
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth than before.
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment.
- Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

_____ I have read the consent and certify that I understand its contents in full. I have had enough time to consider the information and I feel that I am sufficiently advised to consent to this procedure. I realize there are other options for this treatment, including doing nothing at all. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with Angela Rasmussen CMLT, LCO.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ PRINT NAME: _____ DATE: _____