



Alma ClearLift Non-Ablative Consent Form:

Client: _____

Date: _____

PROCEDURE:

The Alma ClearLift Non-Ablative Fractional Laser delivers light in narrow, focused "microbeams," to create columns of coagulation (heat) within the skin. The heated tissue within the columns initiates a natural healing process that forms new, healthy tissue. It is non-ablative and stimulates quick healing in the dermis, while leaving the epidermis intact, with no lasting redness. This results in a fresher, more youthful skin tone and texture. Treatments are quick and there is limited down time. A series of treatments at 3-6 week intervals is required to achieve the desired results.

RISKS/DISCOMFORT

- **Discomfort** – The Alma ClearLift Non-Ablative is somewhat comfortable.
- **Wound Healing** – Some swelling, redness, warmth, or tightness may be experienced usually fading in a few hours. Because the light pulses are confined to narrow columns in the skin, much of the skin is left unaffected and there is a quick healing process.
- **Pigment Changes** – the skin may have a pinkish tone for 5-7 days.

QUESTIONS:

A member of our staff has explained the nature of the procedure and its alternative treatments, and the benefits to be reasonably expected compared with alternative approaches and your questions were answered. This document is written confirmation of this discussion.

CONSENT

You have read this form and understand it. You request the performance of the procedure(s) described above. Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to perform the Palomar Lux1540nm Fractional Laser.

The nature and purpose of this procedure, with possible complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I agree to have photographs taken for documentation, as well as for possible use in publications.

I have read the consent and certify I understand its contents in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure. I consent to this procedure and have been asked to sign this form after my discussion with Angela Rasmussen CNLT, LSO.

Patient Signature

Date