



## INFORMED CONSENT FOR ALMA Nd:YAG 1064NM LASER VEIN REDUCTION

I have given Angela Rasmussen CMLT, LSO permission to perform Alma Nd:YAG laser procedures.

- Discomfort – The procedure is done so precisely that surrounding tissue is minimally affected; the patient may experience a mild sensation of pain, burning, blister formation, crusting of the skin and stinging sensation, and some edema (mild swelling) in the treated areas. Improper post care treatment care can result in infection and possible pigmentation changes as well as increase the risk of complications. Irritation and redness typically resolve within 72 hours or less.
- Scarring – There is a small chance of scarring, although rare. This includes hypertrophic scars, or very rarely, keloid scars. Keloid scars are very heavy raised scar formation. To minimize chances of scarring, it is important that you follow all postoperative instructions carefully. It is important that any prior history of unfavorable healing be reported. Accutane (isotretinoin) use must be discontinued for 5 months prior to laser treatment to prevent severe scarring.
- Pigmented changes – Color changes, such as Erythema (pink color), hyperpigmentation (darker, brown, red), hypopigmentation (skin lightening) may occur in treated areas. This may take several months to return to normal. However, pigment change can be permanent. There may also be possible hair removal at treatment site. It is recommended that you protect yourself from any sun exposure for at least three months following treatment.
- HSV Reactivation – the patient agrees to notify the technician if he/she has any history of Herpes viral infections (oral, nasal, genital) as the laser procedure may cause it to reactivate. Laser-induced cold sore-like blistering may appear. It is recommended that Valtrex (acyclovir) be taken prior to treatment to avoid an outbreak.
- Lack of Treatment Response – There is a possibility that the targeted hairs, veins, or other treated areas will not respond to the treatment. This is often a function of the specific body chemistry of the patient, including relative pigmentation and light absorption characteristics of the patient's various body tissues.
- Eye Exposure – There is also the risk of harmful eye exposure to laser surgery. Safeguards should be provided by the laser practitioner. It is important that you keep your eyes closed and have protective eye wear at all times during the laser treatment.
- Photographs – I consent to be photographed before, during, and after the treatment and that these photographs shall be the property of the above doctor and may be used during treatment stages for future comparison. Photographs may possibly be used for marketing reasons.

I understand that there are other options for me for this treatment, including doing nothing at all.

My signature below constitutes my acknowledgement that I am a competent, consenting adult of at least 18 year of age (or my parent or legal guardian is giving consent on my behalf.) I certify that I have read or have had read to me, the content of this informed consent form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask any questions that I had, and all of my questions have been answered. I have agreed to provide aftercare as directed for this treatment by this facility.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_