

Eden MediSpa
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INFORMATION AND CONSENT FORM
Use of FRAXEL™ Re:Store Dual Laser for Dermatological Procedures

I authorize the personnel at Eden Medispa to perform FRAXEL™ re:store laser treatments on me for the purpose of skin resurfacing or other dermatological procedures requiring soft tissue coagulation. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary. (This consent form may contain words that you do not understand. Please ask the staff to explain any words or information that you do not clearly understand.)

Explanation of Procedure

The procedure usually requires multiple treatments over a period of one to three months. Prior to a Fraxel treatment, you will have a consultation and complete a medical history to determine if you are a good candidate for this treatment. Prior to treatment, the area to be treated will be anesthetized with a topical numbing cream. Following your treatment, you may experience swelling and redness, similar to a mild sunburn, for the first several days. Light peeling of the skin may also occur.

Risk and Discomforts

Risks and discomforts involved with this laser treatment include, but are not limited to:

Pain – Clients should expect to experience some pain and discomfort with this treatment, similar to snapping the skin with a rubber band.

Reddening – Laser treatment will cause a reddening of the area. The reddening will go away in one to two weeks.

Swelling – Laser treatment may cause swelling, which will usually go away in one week or less.

Pigment Changes – Although extremely rare, the treated area may heal with increased pigmentation (increased skin coloring). This occurs most often with darker colored skin and after exposure of the area to sun. The treated area must be protected from exposure to the sun (daily use of sunblock for at least 4 weeks after treatment and 2 weeks prior to the treatment) to minimize the changes of too much pigmentation (increased skin coloring) however in some subjects, increased skin coloring may occur even if the area has been protected from the sun. These spots usually fade in three to six months. In some cases the pigment change is permanent. During pregnancy, areas of increased pigmentation frequently appear spontaneously. For this and other reasons, laser therapy is not recommended during pregnancy.

In some subjects who experience pigmentary alteration, the treated area loses pigmentation and becomes a lighter color than the surrounding skin. This type of reaction tends to gradually fade away and return to normal over a period of two to four months.

Scarring – There is a small chance of skin scarring, including abnormal raised scars. Scarring is a possibility because of the disruption of the skin’s surface.

Bleeding – The laser treatment may cause some pinpoint bleeding which will probably stop within a few minutes without any lasting effect. The bleeding may not reach the upper level of the skin and may result in a dark reddening of the skin. The red will darken to purple and purple-yellow and will disappear in one to two weeks.

Blistering – The laser procedure may produce heating in the upper layers of the skin resulting in steam formation. The steam may produce a separation between upper and middle layers of the skin resulting in blister formation. The blisters will go away with in two to four days.

Scabbing – A scab may be present after a blister forms. The scabbing will disappear during the natural wound healing process of the skin.

Infection – If a blister or bleeding is present, an infection of the wound is possible. Any blistering or bleeding must be dressed with an antibiotic ointment and covered. An infection could last seven to ten days and could lead to scarring.

I understand that serious complications from Fraxel laser treatments are rare but possible.

Consent

I, the undersigned, have read and I understand the information contained within this consent form as evidenced by my signature below. Further, my signature below indicates my consent to the treatment described and my agreement to comply with the requirements placed on me by this consent form.

I have been provided with Pre-Treatment Instructions (including Precautions) and Post-Treatment Instructions, had opportunity to discuss these with Eden staff, and will followup these instructions. 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. This consent shall apply to all subsequent treatments of a similar nature.

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.

Patient’s Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____