

Consent For Treatment For Skin Resurfacing with the Spectrum Er:Yag Laser System

I, _____, authorize and consent to the treatment for the removal of superficial wrinkles and/or pigmented lesions with the Spectrum Laser System. _____ (initials)

I have been advised by, _____ of _____ of the purported advantages and disadvantages associated with this treatment. _____ (initials)

I understand that treatment with this laser system varies from patient to patient and that that more than 1-treatment may be required. _____ (initials)

Although rare, adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes, and trace scarring could occur. _____ (initials)

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure. _____ (initials)

I understand that the possible benefits are the reduction and the elimination of wrinkles and pigmented lesions. _____ (initials)

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes. _____ (initials)

I have been given the opportunity to ask questions and have received satisfactory answers to the questions. _____ (initials)

I hereby authorize the taking of photographs. These photographs may be used to demonstrate the results this laser produces. _____ (initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician and _____ from any and all liability, damages, cost and expenses arising from or out of the use of the Spectrum laser for treatment of wrinkles and/or the removal of pigmented lesions. _____ (initials)

With all of the above information understood, I am choosing to be treated with the Spectrum Erbium Laser System. _____ (initials)

Signature

Print Name

Date