

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 Dr. James Loging, MD or other provider of Palmetto Cosmetic Surgery and Aesthetics 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, Inc. and their employees, the treating technician, Physician and Palmetto Cosmetic Surgery and Aesthetics 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

