



## Informed Consent

### Combination NanoLaserPeel™ or MicroLaserPeel® and ProFractional™ Treatment

I, \_\_\_\_\_,  
authorize \_\_\_\_\_, and / or a designated practitioner of Jeffrey C Dawes  
Plastic and Dermatologic Surgery to perform Combination NanoLaserPeel or MicroLaserPeel  
and ProFractional laser resurfacing procedure on the following area(s) of my body:

The NanoLaserPeel™ (NLP™) or MicroLaserPeel® (MLP®) procedures use the 2940 nm Erbium YAG laser to vaporize (ablate) predetermined layers of skin precisely with the Contour Scanner. The NLP or MLP are superficial peels that address texture and tone of photo-aged or damaged skin. The ProFractional™ fractionated laser resurfacing procedure uses the 2940 nm Erbium YAG laser delivered into a scanning device that fractionally vaporizes (ablate) micro laser channels at a predetermined depth into the skin. The ProFractional device addresses texture and tone in conditions such as fine lines and wrinkles, and various scars.

#### Review of facts about light therapy

- The 2940 nm Erbium YAG laser wavelength of a NLP or MLP is delivered through a scanning device that precisely removes layers of tissue by vaporizing (heating to high temperature) the water within tissue.
- The 2940 nm Erbium YAG laser wavelength of ProFractional laser resurfacing is delivered through a focused scanning device that precisely removes channels of tissue by vaporizing (heating to high temperature) the water within tissue. The device has the ability to create micro channels while leaving the area around the channels intact.
- The NLP or MLP and ProFractional treatment may produce scanning patterns visible on the skin. This event usually fades while in the healing phase.
- Light from a laser can be harmful to eyes and wearing special safety eyewear is necessary at all times during the procedures.
- A topical or local (block) anesthetic may be used to lessen the sensation of the laser as it interacts with the skin. The sensation while being treated may feel like pin pricks or bursts of heat or similar to a sunburn. The type of topical and or injected anesthetics is at the discretion of the practitioner as there are known severe allergic reactions to ingredients in topical anesthetics. Patient's with known allergies to anesthetics will list them here: \_\_\_\_\_

#### Pre-treatment considerations

- If you have previously suffered from facial cold sores, there is a risk that this treatment could contribute to a recurrence.
- No one on Accutane or generic forms within the last year may have this procedure.
- No one on anti-coagulants may have this procedure.

- Skin care or treatment programs may be used before and after laser skin treatments in order to enhance the results.

### **Treatment considerations**

- The procedure necessitates a post treatment wound care regime that must be followed.
- The ProFractional treatment may produce pinpoint bleeding in the area of the channels. This event usually subsides in a few minutes to a few hours. More uncommon it can persist up to 24 hours.
- Redness and exfoliation (flaking of skin) is associated with this procedure and may last from 1 – 5 days depending on the depth chosen. There may also be initial weeping or crusting. Keeping the area moist with a light application of an occlusive barrier will aid in the healing process.

### **Common side effects and risks**

- Edema (swelling) of the skin may occur and can be minimized by keeping the area upright. Urticaria (itching) often times occurs as the old skin is shed and the new skin is being formed. If any of the above symptoms intensify, your clinician should be notified. A cool compress placed on the area provides comfort. The treated area should be cared for delicately. Limited activity may be advised as well as no hot tub, steam, sauna, or shower use.
- Discomfort, especially a sunburn feeling may persist for a few days.
- PIH or post inflammatory hyperpigmentation (browning) and hypopigmentation (lightening) have been noted. These conditions usually resolve within 2-6 months. Permanent color change is a rare risk. Vigilant care must be taken to avoid sun exposure (tanning beds included) before and after the treatments to reduce the risk of color change. After the skin has gone through its healing phase and is intact, sunscreen and / or sun block should be applied when sun exposure is necessary.
- Infection is not usual after treatments; however herpes simplex virus infections around the mouth can occur following treatments. This applies to both individuals with a past history of the virus or individuals with no known history. Other signs of an infection can be a fever, purulent (pus) material, severe redness, swelling in the area, and skin that is hot to touch. Should these symptoms occur, the clinician must be notified to prescribe appropriate medical care.
- Allergic reaction is uncommon from treatment. Some persons may have a hive-like appearance in the treated area. Some persons have localized reactions to cosmetics or topical preparations. Systemic reactions are rare.

- The potential risks and benefits have been explained of the Combination NLP or MLP and ProFractional laser resurfacing procedure along with alternative methods, I choose to have the Combination NLP or MLP and ProFractional laser resurfacing procedure.
- I understand that compliance with pre and post care instructions is crucial for success of the Combination NLP or MLP and ProFractional laser resurfacing procedure to prevent unnecessary side effects or complications.
- I understand that there are many variable conditions which influence the long-term result of laser skin treatments. The practice of medicine and surgery and the subsequent use of laser is not an exact science. Although good results are expected, there is no guarantee, expressed or implied on the results that may be obtained.
- I understand that the Combination NLP or MLP and ProFractional laser resurfacing procedure involves payment and the fee structure has been explained to me.

## Photography

I do \_\_\_\_ or do not \_\_\_\_\_ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

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I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Name (Printed): \_\_\_\_\_

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

Date: \_\_\_\_\_

Witness: \_\_\_\_\_