



Informed Consent

Halo Pro Fractional Laser Treatment™

I, _____,
authorize _____ and / or a designated practitioner of Jeffrey C Dawes Plastic and Dermatologic Surgery
to perform a Halo Pro fractional laser treatment on the following area(s) of my body:

The Halo Pro fractional laser treatment uses hybrid technology of 1470 nm non-ablative laser and 2940 nm ablative laser to create controlled zones of coagulation to chosen depths into the dermis that stimulate neocollagenesis (new collagen) and fractionally vaporize (ablate) micro laser channels in the epidermis addressing tone and texture of the skin.

Review of facts about light therapy

- The 2940 nm Erbium YAG laser wavelength of Halo Pro 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 1470 nm laser wavelength of Halo is delivered through a scanning device that creates microscopic columns of wounded tissue that stimulates new collagen.
- Laser treatment procedures 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 procedure.
- A topical or local (block) anesthetic is used to lessen the sensation of the laser as it interacts with the skin. The sensation, while being treated, may feel like pin pricks, bursts of heat or similar to a sunburn. The type of topical and or injected anesthetics is at the discretion of the practitioner. 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 who has taken the medication Accutane or its 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 Halo Pro fractional laser 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 3-4 days depending on the depth and concentration (percentage) of the laser channels of the treatment performed. You may notice a sandpaper texture and bronzing of the skin as the microscopic columns begin to heal. This is treated tissue working its way out as new skin is regenerated.

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 with laser procedures. 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 treatment 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 the 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 Halo Pro fractional laser treatment along with alternative methods. I choose to have Halo Pro fractional treatment.
- I understand that compliance with pre and post care instructions is crucial for success of Halo Pro fractional laser treatment and 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 Halo Pro fractional laser treatment 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.

Additional Treatment or Surgery Necessary - There are many variable conditions which influence the long-term result of laser skin treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, procedures, surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES - The cost of laser skin treatment involves several charges for the services provided. This includes fees charged by your doctor, the cost of pre and post-operative skin care medications, surgical supplies, laser equipment and personnel, laboratory tests, and possible outpatient hospital charges, depending on where the procedure is performed. It is unlikely that cosmetic surgery costs would be covered by an insurance plan. Even if there is some insurance coverage, you will be responsible for necessary co-payments, deductibles and charges not covered. Additional costs may occur should complications develop from the treatment.

Disclaimer: Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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: _____