



CLEAR + BRILLIANT CONSENT

Client Name _____ Chart # _____ Date: _____

Clear + Brilliant laser treatment can help prevent the visible signs of aging and address the overall effects time and the environment can have on skin.

I understand that the following are among the expected side effects of the Clear + Brilliant procedure:

Discomfort — Most people will feel some heat-related discomfort (pain) associated with the treatment. This discomfort is usually temporary during the procedure and localized within the treatment area. A small number of patients have reported tenderness in the treatment area lasting up to several weeks.

Redness and Swelling — Laser treatment will cause varying degrees of redness and swelling in the treatment area. These common side effects last from several days to a couple of weeks, depending upon the aggressiveness of the treatments.

Itching — This can occur as part of the normal wound healing process or may occur as part of infection, poor wound healing or contact dermatitis.

Acne or Milia Formation — A flare-up of acne or formation of milia (tiny white bumps or small cysts on the skin) may occur. These symptoms usually resolve completely.

Herpes Simplex Reactivation — Herpes Simplex Virus (cold sore) eruption may result in rare cases in a treated area that has previously been infected with the virus. Inform your provider if you have a history of this condition.

I understand that the following are among the rare possible risks or complications associated with the Clear + Brilliant procedure:

Petechiae (small red dots under the skin's surface): these typically resolve within a couple days without intervention

Skin reaction to intense heat: laser treatments may cause blisters or burns and subsequent scab formation, though this is extremely rare at Signature Medical Spa. If you should develop a blister, please report this to your provider. A blister usually disappears within 2-4 days. A scab may be present after a blister forms, but typically will disappear during the natural wound healing process of the skin.

Pigment changes — During the healing phase, the treated area may appear to be darker. This is called Post Inflammatory Hyperpigmentation. PIH occurs as a part of the normal skin reaction to injury. The skin functions become hyperactive during the healing process, including cells that produce pigment. PIH occurs more frequently with darker colored skin, after sun exposure to the treatment area, or on tanned skin. To reduce the risk of PIH, the treated area must be protected from exposure to the sun (sunscreen for 6 months after treatment); however, in some patients, increased skin coloring may occur even if the area has been protected from the sun. This pigmentation usually fades in 3 to 6 months.

Infection — If a blister is present, an infection of the wound is possible. Scarring and associated pigment changes may result from an infection.

Eye Injury — Eye injuries may result from numbing cream getting into the eyes. Your eyes will be covered with protective goggles during treatment and should remain closed during the treatment. The laser could cause direct eye injury in the absence of these precautions.

Efficacy — As all individuals are different, it is not possible to completely predict who will benefit from the procedure. Some clients will have very noticeable improvement, while others may have little or no improvement. A series of treatments is usually needed for maximum results.

Contraindications — Clear + Brilliant cannot be performed on clients who are currently undergoing or have had Accutane treatment within the past six months, have a predisposition to keloid formation or excessive scarring or have suspicious lesions.

I am aware that other unexpected risks or complications may occur and that no guarantees or promises have been made to me concerning the results of the procedure. It has also been explained that during the course of the proposed procedure, unforeseen conditions may be revealed requiring performance of additional procedures. My questions regarding this treatment, its alternatives, its complications and risks have been answered by my provider.

PLEASE ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM.

I have read this form and understand it, and I request the performance of the procedure.

Client Signature _____ Date _____

I have informed the patient of the available alternatives to treatment and of the potential risks and complications that may occur as a result of this treatment.

Provider Signature _____ Date _____