Informed Consent

NLite Laser Treatment

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INSTRUCTIONS

This document is about informed consent. It will tell you about **NLite Laser Treatment**. It will outline its risks, and other treatment options.

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

NLite laser is an FDA-approved method to reduce wrinkles. It uses a unique type of laser. This procedure is non-ablative. This means it does not cut or burn the outermost layer of skin.

OTHER TREATMENTS

Other treatments include chemical peels and topical medication. Risks and potential complications also come with other treatments.

RISKS OF NLite LASER TREATMENT

All procedures have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after this procedure. Every procedure has its limits. Choosing to have a procedure means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you know all possible risks of NLite laser treatment.

SPECIFIC RISKS OF NLite LASER TREATMENT

Burns:

Laser energy can produce burns that can scar. Organs near the site of hair reduction may be injured or permanently damaged. This could include the eyes. Burns are rare. They may result from the heat within the tissues that the laser energy makes. You may need more treatment for laser burns.

Infection:

It is rare, but you can get an infection after some laser treatments. In some cases, you can get cold sores or viral infections around the mouth. Tell your surgeon and laser technician if you get cold sores or herpes virus (HSV) outbreaks around the treated area.

Pain:

You may have pain after your treatment. How strong the pain is and how long it lasts can vary. It may last after surgery.

Erythema (Skin Redness):

Your skin may turn red near the treated area after injections. It may stay red for a few days after the procedure.

Skin Discoloration/Swelling:

You may see swelling after the treatment. The skin at or near the procedure site may look lighter or darker than the skin around it. It is not common but swelling and skin discoloration can last a long time. In rare cases, it may be permanent.

Allergic Reactions:

In rare cases, patients have allergic reactions to the pigment, topical preparations, or injected agents. Allergic reactions may need more treatment. You should tell your skin technician about prior allergic reactions.

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Poor Results:

You can expect good results. However, there is no guarantee for the results. The body is not symmetrical. Almost everyone has some level of unevenness. This may not be visible before the treatment. For example, one side of your face may be a little larger. One side could sag more than the other. If you have more realistic ideas about the treatment, the results will look better to you. Some patients do not reach their goals. It is not the fault of the professional skin technician or the treatment. You may not like the results. Unwanted results may NOT improve with more treatment.

Scarring:

Though very rare, skin injury and scars may result from laser treatment. These scars may be raised and red in the first few weeks or months. They usually fade over time. However, some patients can have "hypertrophic" or "keloid" scars. These can be clearly seen and felt. They may be red, and they do not go away. You may need more treatments, like medication and/or surgery.

Skin Sensitivity:

Your skin may be itchy, tender, or very sensitive to hot or cold temperatures after the procedure. This usually goes away during healing. In rare cases, it may last a long time.

Drug Reactions:

You may have unexpected drug allergies, you may not respond to medication, or may be ill from the prescribed drug. You should tell your doctor of any prior problems with any medication or allergies to medication, prescribed or over the counter. You should tell your doctor about your regular medication. Give your surgeon a list of your current medications and supplements.

DISCLAIMER

Informed consent documents give you information about the procedure you are considering. These documents explain the risks of that procedure. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

 _____ **Patient Initials**

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CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the **NLite Laser Treatment**. I got the information sheet on **NLite Laser Treatment**.

2. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants and/or designees to do any treatment that my doctor thinks it is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.

3. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and sometimes death.

4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the procedure. I have explained my goals. I understand which outcomes are realistic and which are not realistic. All my questions have been answered. I understand the procedure's built-in risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.

5. I agree to have the right parts of my body photographed or televised before, during, and after the procedure for medical, scientific, or educational reasons, if the pictures do not reveal my identity.

6. For medical education, I agree that onlookers can be in the operating room.

7. I consent to the disposal of any tissue, medical devices, or body parts that may be removed.

8. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or appointees think they are needed or helpful.

9. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.

10. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

    a. THE ABOVE PROCEDURE TO BE PERFORMED

    b. THERE MAY BE OTHER PROCEDURE OR TREATMENT OPTIONS

    c. THERE ARE RISKS TO THE PROCEDURE

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-10).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

Witness _____Date/Time_____

_____ Patient Initials

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