**SAMPLE CONSENT FORM**

**Patient Name Date of Birth**

Pre-Treatment Photos Taken: ❏ Yes ❏ No

**Do not sign this form without reading and understanding its contents.**

# PROCEDURAL CONSENT PICOCARE Q-SWITCHED LASER

Before you undergo PicoCare Q-switched laser treatment make sure you have read and fully understood the background information on the procedure. To get the most out of it, you need to understand the nature of the procedure, the associated benefits and risks, as well as the available treatment options.

Photos are routinely taken before treatment as a visual record. These may be used for teaching purposes and may be shown for scientific purposes including publications in medical journals. There will be no identification of the images, and they will remain the property of this clinic.

For best results, it is necessary to have the full series of pre-determined treatment sessions. In a minority of patients, the PicoCare Q-switched laser procedure may not work satisfactorily or may not last for the expected period of time. As it’s not possible to predict a sub-optimal response, we are unable to guarantee expected outcomes, nor the number of treatment sessions needed for satisfactory outcomes.

By signing the informed consent, you acknowledge that all the above issues relating to the procedure have been addressed; and that you’ve been given ample opportunity to ask questions and raise any concerns relating to the procedure.

**SIDE EFFECTS**

**Skin lightening (depigmentation):** Some dark skinned individuals can develop fading of the skin color. This complication is temporary and usually resolves within 10-14 weeks. However, there are times when the complication is permanent.

**Skin darkening (hyperpigmentation):** In fair skinned people, lasers can sometimes cause darkening of the skin. Over time this fades and recovers; but in some cases a bleaching agent has to be used to erase the dark color.

**Infections:** Sometimes an infection can occur at the site of the tattoo removal. The infection may be superficial and resolves but in some cases, deep skin infections can occur and result in a scar.

**Skin Texture:** After laser treatment, most individuals will have a rough skin texture. The skin will feel like it has been scrapped. These changes are transient and usually resolve in 1- 3 months. Thick skin usually resolves better than thin skin. The facial skin is more sensitive to texture changes than skin elsewhere on the body.

**Allergic reactions:** Rarely when the laser disrupts the ink particles, some individuals may have an allergic reaction. It is not known why the reaction occurs and to what ink. The skin usually becomes red, dry and it itchy. Application of topical corticosteroids can be prescribed.

**Ink darkening:** When the laser is applied on cosmetic tattoos, it can worsen or darken the color. This is most likely due to the heat of the laser reacting with the cosmetic chemicals. The changes can be permanent. So before a cosmetic tattoo is treated, a brief test is done to look at the response.

**Sun burn:** After every laser procedure, a sunburn effect occurs. The skin appears red and fiery in some cases. This is a normal and transient- it does resolve within a few weeks. Besides keeping the area clean, there is no need to apply any ointments or creams, except sunscreen.

**Miscellaneous:** Many of the tattoo dyes are unregulated and their exact contents unknown. In spite of that, complications of laser treatment are rare. A few individuals do develop thickening of the skin. This thickening known as granuloma is most likely due to ink particles embedded in scavenging cells. The granuloma may be seen as small bumps on the skin.

**CONTRAINDICATIONS**

Picocare laser therapy is not suitable for the following individuals:

* Pregnancy
* Bleeding disorders
* Immune deficits
* Heart, liver, and kidney insufficiency
* Allergies to local anesthetics
* Pacemaker and serious heart rhythm disorders
* Psychiatric disorders or unstable motivations
* Obesity or large fat volumes
* Keloid skin - Persons known to form skin keloids may be more prone to scarring after any skin trauma, including laser administration to the skin.
* Cancerous lesion - Treatment of lesions or treatment near lesions that are known to be or suspected of being cancerous are contraindicated.
* Dark skin - Persons with dark skin may be at increased risk of hypopigmentation. Hypo and hyper-pigmentation are a common risk of treatment.

# PATIENT’S DECLARATION

The nature of PicoCare Q-Switched Laser treatment has been explained to me. I understand that just as there may be benefits from the procedure, all procedures involve risk to some degree. 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 practitioner and/or his or her staff.

#  CONSENT FOR TREATMENT

*I have read and understand the information contained within this consent form. My signature on this consent form indicates that I have read and understand the information in the consent, my consent to the treatment described, and my agreement to comply with the requirements placed on me by this consent form. My signature on this consent form indicates that I have read and that I understand the information provided. I consent to the treatment described, and I agree to comply with the requirements placed on me by this consent form.*

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

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Patient 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.

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Practitioner / Nurse / Therapist Signature

*TERMS OF USE: This form should be reviewed periodically to ensure that its contents are current. Cryomed Australia cannot and does not recommend standard operating procedures related to the practice of medicine. Cryomed* *does not accept liability for its contents. It is essential that each clinic customize the consent form according to treatment procedure, state law requirements, and language. Cryomed does not make any representation, guarantee or warranty, express or implied or assume any liability or responsibility for the accuracy or completeness of the contents of this sample form. You should seek your own legal advice independently or through your insurance policy provider along with insurance advice. Practitioners and staff are responsible to ensure that patients receive accurate information concerning the nature, risks and costs associated with a given procedure or treatment.*