

SKIN REJUVENATION: CONSENT FORM

I authorize Safelase Institute of Connecticut LLC dba Anti-Aging Centers of Connecticut and its designated staff to perform Skin Rejuvenation treatments on me. I have been advised of pre & post treatment procedures and possible adverse reactions which are as follows:

PRE-TREATMENT INSTRUCTIONS

1. Avoid the sun 2-4 weeks before & after Skin Rejuvenation treatments using photo light, lasers & radio frequency.
2. If you have had a history of perioral herpes, prophylactic antiviral therapy may be started the day before treatment and continued one week post-treatment. Discontinue any irritant topical agents for 2-3 days prior to treatment. For clients treating face, please discontinue Retin A (tretinoin) for at least 1 week prior, no Accutane for 6 months prior, no injectable filler for 4 weeks prior, & no Botox 1 week before/1 week after treatment.
3. Skin should be free of all products: makeup, creams, oils, etc. the day of treatment. All exfoliating products containing a scrub or acids (i.e. p50) should be discontinued 3 days before and 1 week after.
4. If you are taking Fish oils, vitamin E or 325 mg of aspirin, it is recommended you stop 1 week pre-treatment.
5. A topical anesthetic can be applied 30-45 minutes prior to treatment if necessary (options will be discussed during consultation).
6. For hair restoration with Ultra laser: Wash hair the night prior to treatment (no conditioner) and arrive at appointment with dry hair containing no products.

INTRA-TREATMENT CARE

If skin experiences an excessive reaction, cool the treatment area immediately after treatment. Be sure to have cool packs (not frozen) or cold, wet towels.

POST-TREATMENT CARE

1. Immediately after treatment, there may be erythema (redness) and/or edema (swelling) at the treatment site which may last up to 2 hours or longer, depending on which treatment you've received. The erythema may last up to 2-3 days. You may experience transient purpura, bruising, and may note nodule-like lumps in the vessel, if you've treated vessels. Any bruising may last up to 3 weeks or longer, depending on the size and color of the vessels (vessel treatment only). Possible hyperpigmentation (increased brown color) or hypopigmentation (lighter color pigment) may occur within two weeks of treatment, and is always a risk. If this occurs, please contact the office as soon as possible so we can guide you on how best to treat the skin. Contact the office at 203- 848-1484 (West Haven), 203-256-0095 (Fairfield), or 203-687-5155 (emergency).
2. Antibiotic ointment or Aloe Vera gel may be used for a few days post-treatment, as recommended. Improper care of treated area may increase the chance of scarring or textural changes. This has been discussed with me. I must avoid sunning the area while doing treatments & the reasons have been discussed with me. * Use of a 46+ sunblock post treatment is recommended. * Avoid Scrubbing or trauma to the treated area. * Topical creams and medications may be resumed when erythema and skin irritation decrease. * The application of a cold pack during the first few hours after treatment will reduce the discomfort and swelling that may be experienced but we recommend only aloe vera gel after treatment. Rarely, minor epidermal blistering may occur in which case polysporin cream may be applied. If this should happen, please contact our office immediately and our nurse will give you further instructions.
3. Makeup may be used immediately after treatment, or after 24 hours for Microneedling clients, unless there is epidermal blistering. It is recommended to use ONLY NEW makeup to reduce the possibilities of infection.
4. Avoid sun exposure to reduce the chance of hyper pigmentations or darker pigmentation for 2-4 weeks post treatment. Use sunscreen (SPF 46 or greater) at all times throughout the course of treatment.
5. Avoid picking or scratching the treated skin. Use Hyacyn Active Mist (from Hydrinity Duo Kit) for relief as needed, and then follow with Hydrinity Restorative Hyaluronic Acid for hydration and to speed healing. If you are experiencing itchy skin, you may apply 1% hydrocortisone cream or EltaMD enzyme gel, as well, as needed.
6. Call our office with any questions or concerns you may have after the treatment.
7. For 48 hours post-treatment, treat skin gently: No scrubbing, rubbing or harsh products; treat as if sunburnt.
8. Exercise is not recommended for the first 24-48 hours after treatment.

Fairfield 1100 Kings Highway E, Suite 3C 203-256-0095

West Haven 761 Campbell Ave, Unit 1 203-848-1484

Emergency 203-687-5155 | www.aacofct.com | frontdesk@aacofct.org

9. After about 7 days, or once you feel your skin is healed, you may exfoliate with a physical scrub (we recommend Obagi Professional-C Microdermabrasion Polish + Mask) if you've receive IPL, Sublative RF, or LaseMD ULTRA.
10. Get in for a BR Hyper-customized facial to be professionally exfoliated & hydrated ~2 weeks after treatment.
11. For hair restoration with Ultra laser: Do not wash hair for 24 hours, do not expose to sun for 1 week, and notify the office if you experience hair shedding (this is possible, do not be alarmed).
12. For tattoo removal: Immediately after treatment, there may be "frosting" on the area that is treated. Redness and swelling is typical. Pinpoint bleeding may also occur. Blistering is possible (please notify the office if you experience blistering or signs of infection). A cool compress may be applied and Tylenol is recommended for discomfort. Treat the area delicately until healed, avoiding trauma to the area for 7 days post-treatment. Clean the area daily with a gentle cleanser, pat the area dry, and apply Aquaphor or Petroleum Jelly 2-3x/day. Keep the area moist and never pick, peel, scrub, or scratch the skin during the healing process. Never pop blisters, and if a blister opens, keep the skin covered with a healing ointment and cover with gauze to protect the skin. If area is in a rubbing area likely to be bumped, keep covered with ointment and gauze for the first 24-48 hours. No swimming/hot tubs until wound heals. Avoid exercise for 2-7 days as perspiration may disrupt healing. Once no longer red/inflamed, you may massage the area with bio oil or Restorative HA serum to encourage blood flow to the area. Stay well hydrated for best results as you will be flushing the old ink through your lymphatic system.

I understand that the _____ (specific device: Alexandrite 755nm, Nd:YAG 1064nm, Elos Plus/eTwo, IPL, Hollywood Spectra, LaseMD ULTRA, Micropen Evo, Velashape III) is a device used for _____ (specific treatment receiving: acne treatment, body contouring, facial contouring, hair restoration, laser peel, melasma treatment, pigment reduction, scar/texture smoothing, skin resurfacing, skin tightening, tattoo removal, vessel/vascular reduction, or wrinkle reduction), of which I am consenting to be a patient.

Disclaimer: The Hollywood Spectra is a 532 nm & 1064 nm nano-acoustic Q Switch laser that is specifically used for tattoo removal, melasma, and skin rejuvenation. Generally, treatments using this laser have more potential for purpura, blistering, and other adverse conditions due to the more ablative nature of the machine. I am consenting to be a patient receiving the above described treatment.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment. I understand that there is a possibility of short- term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as blistering, scarring and permanent discoloration. These effects have been fully explained to me.

I understand that Skin Rejuvenation treatments involve a series of treatments and the fee structure has been fully explained to me.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken. I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion. I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. I consent to the taking of photographs for the purpose of medical education. I understand that my identity will not be revealed in the photographs or corresponding text.

By signing below, I acknowledge that I have read and understand all information presented to me before signing this consent form. I hereby release Safelase Institute of Connecticut LLC dba Anti-Aging Centers of Connecticut, its medical staff and technicians from any liability arising out of the services associated with the above treatment(s).

Client Signature: _____ Date _____

Parent signature for clients under 18 years of age: _____

Technician Signature: _____ Date _____

I understand that I am entitled to a copy of this consent form and may request one upon arrival to my appointment.

Client Signature: _____ Date _____