



New Glow Medspa - Aerolase Nd: YAG 1064 nm Informed Consent

I, _____, have given practitioner Maria Mathern CLT, permission to perform Nd: YAG procedures on my _____ (treated area).

The LightPod Neo Nd: YAG 1064 nm laser is FDA Approved for a variety of procedures including hair removal, vein treatment and wrinkle reduction. This form is designated to give you the information you need to make an informed choice of whether or not to undergo Nd: YAG laser treatment. If you have any questions, please do not hesitate to ask. Although the laser treatment is effective in most cases, no guarantee can be made that a specific patient will benefit from the treatment.

The laser emits an intense beam of light that is absorbed in specific body tissues within the skin, and depending upon the type of procedure, several treatments may be required at intervals specified by the practitioner.

Contraindications for Laser Treatment Include:

1. Sunburned or irritated skin; unprotected sun exposure; tanning beds 3-4 weeks prior.
2. Pregnancy and nursing mothers.
3. History of seizures.
4. Autoimmune disorders such as Lupus.
5. Patients who are using a topical Retinol should wait 2 days before treatments.
6. Patients who are taking photo-sensitizing medications, such as Accutane, should wait 6 months before treatment. Or consult with their dermatologist prior treatment.
7. History of cold sores (herpes simples); treatments can activate herpes and prophylactic medication may be recommended.
8. History of keloid scarring.
9. Tattoos in the area.
10. Fragile skin.
11. Patients prone to skin discoloration or patients who have healed poorly after other types of laser treatments.
12. Use of anticoagulants.
13. Insulin-dependent diabetes (NIDDs need a written release from their family physician).
14. Cancer in the area to be treated.

I am aware of the following risks and potential side effects:

1. **Discomfort.** The procedure is done so precisely that surrounding tissue is minimally affected. The patient may experience a mild sensation of pain in the treated areas. Some degree of skin flushing may occur but typically resolves within several hours. Initials _____



- 2. **Redness or swelling** of the skin which is temporary. Initials_____

- 3. **Sun sensitivity** in the treated area; avoid the sun and use sun block with at least SPF 30. Initials_____

- 4. **Bruising/Infection.** Bruising of the treated area may occur. Initials_____

- 5. **Pigment Changes (Skin Color).** During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent. Initials_____

- 6. **Scarring.** Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully. Initials_____

Eye Exposure. Protective eyewear will be provided and must be worn at all times during the treatment in order to protect your eyes from accidental laser exposure. Initials_____

Photographs. I consent to be photographed before, during, and after the treatment, and that these photographs shall be the property of the above Spa and may be published for marketing or scientific reasons. Initials_____

I certify that I have read the content of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask questions that I had, and all of my questions have been answered. I understand that withholding information may result in contraindication and/or irritation to the skin from treatment received. The Treatments I receive here are voluntary, and I release institution New Glow Medspa LLC and professional technician Maria Mathern from liability and assume full responsibility thereof. I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my laser treatments in the future as well.

Signature of Patient (or Parent)

Print Name

Date

Signature of practitioner

Print Name

Date