



## **CONSENT FOR LASER GENESIS**

Do not sign this form until you have read it and fully understand its contents.

Patient Name: \_\_\_\_\_

I acknowledge and understand that the following procedure has been described to me to my satisfaction:

### **Non-Ablative Laser Resurfacing with the CoolGlide™ Cutera Laser**

I hereby authorize and direct Kristen M. Jacobs M.D. and personnel under the direction of Kristen M. Jacobs. to perform Non-ablative laser resurfacing treatments on me.

The following points have been discussed with me:

1. **The mode of action of the treatment** - The laser light penetrates the skin and is absorbed by the dermis, causing a rapid heating of the tissue. This stimulates the fibroblasts to produce collagen and elastin fibers.
2. **The proposed benefits of laser treatment** - For most patients, this procedure will encourage the production of additional collagen and elastin fibers. It will also reduce the background redness.
3. **The probability of success** - Several treatments are required to promote the general appearance of healthy looking skin. However, some patients may not have reduction of all of the facial lines and wrinkles that they may desire. The Non-ablative laser resurfacing promotes the reduction of fine lines and wrinkles, improves sun damage, acne scarring, redness and uneven skin tone. Deep rhytides may improve but may not be eliminated.

Complications are rare and usually minor. I am aware of the following possible experiences with laser procedures:

1. **DISCOMFORT** – Mild pain may be experienced during laser treatment. Most people tolerate the procedure well, but some may need a topical anesthetic cream.
2. **HEALING** - Laser surgery may result in swelling, blistering, crusting or flaking of the treated area, which may require 1 to 3 weeks to heal. Once the surface has healed, it may be pink and sensitive to the sun for an additional 2 to 4 weeks or longer in some patients. Only a small percentage of patients will have this problem.
3. **SWELLING/INFECTION**. Swelling can occur after the procedure and last for several hours. A skin infection is a rare but possible complication.
4. **PIGMENT CHANGES** (Changes in skin color) - The treated area may become either lighter or darker in color than the surrounding skin. This effect typically resolves spontaneously in a few months, but can last much longer. On rare occasions it may be permanent.
5. **SCARRING** - Scarring is a rare occurrence, but it is a possibility when the surface of the skin is disrupted. To minimize the chances of complications, it is important that you follow all of the before and after instructions carefully.
6. **EYE EXPOSURE** - Protective eyewear will be provided during the procedure. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

Initial \_\_\_\_\_

I understand that the medical personnel and other assistants will rely on statements made by me to determine that the procedure is safe and effective.

### **ACKNOWLEDGMENT**

**I understand that non-ablative laser resurfacing is not an exact science, and that no guarantee or assurances can be given to me concerning the results of this procedure.**

By signing this form, I acknowledge that I have read this form, that I fully understand its contents, and that I have been given ample opportunity to ask questions and that all questions have been answered to my satisfaction. I understand that I can call or return to the office at any time to ask for more information from the doctor or his staff.

I authorize the taking of photographs before, during and after the laser procedures. I understand that these photographs may be used for medical education, research and documentation of the medical record.

I consent to allow the medical personnel at Kristen M. Jacobs M.D., P.C. under the supervision and control of Kristen M. Jacobs, to perform Non-Ablative Laser Resurfacing with the CoolGlide™ Cutera Laser.

I have read and understand **PRE and POST care** for my Laser Treatment.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date