

PATIENT CONSENT FORM

QUANTA LIGHT-BASED HAIR REMOVAL

I hereby authorize Dr. Anteneh Roba or any delegated associates, to remove or lighten the appearance of vascular lesions. The procedure involves using a laser or pulsed light device to coagulate the vessels or vascular lesion. It may take multiple treatments to obtain optimal results, and it is possible that the results will be minimal or not help at all. Light based devices will not prevent you from developing new veins. Although these devices are effective in most cases, no guarantees can be made.

I am aware of the following possible experiences/risks:

- » DISCOMFORT – Some discomfort may be experienced during treatment.
- » REDNESS/SWELLING/BRUISING – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.
- » PIGMENT CHANGES (Skin Color) – During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- » WOUNDS – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
- » INFECTION – Infection is a possibility whenever the skin surface is disrupted, though proper wound care should prevent this. If signs of infection develop, such as pain, heat or surrounding redness, please call our office **703-992-9815**.
- » SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- » EYE EXPOSURE – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.

The following points have been discussed with me:

- » Potential benefits of the proposed procedure
- » Possible alternative procedures, such as sclerotherapy or surgery
- » Probability of success
- » Reasonably anticipated consequences if the procedure is not performed
- » Most likely possible complications/risks involved with the proposed procedure and subsequent healing period
- » Post-treatment instructions

Is there any chance you may be pregnant? Yes No

Date of Last Menstrual Period:

Please list any allergies:

I consent to this cosmetic treatment today and for all subsequent treatments.

Photographic documentation will be taken. I hereby Do Do Not authorize the use of my photographs for teaching purposes.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LIGHT BASED HAIR REMOVAL TREATMENT, AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Print Name: _____ Signature: _____ Date: _____