



Patient # and Name:

DOB:

Date:

Acne occurs when a sebaceous oil gland surrounding a hair follicle becomes clogged with oil and dead skin cells. Bacteria growth in this clogged environment causes infection and acne blemishes. The combined bi-polar radio frequency and blue light energies of technology penetrate the skin to precisely target and destroy active acne-causing bacteria, while also slowing excessive sebaceous oil production. Treatment helps in reducing active acne and speeds up healing time of existing acne.

Over a series of treatments, most patients notice a faster healing time of existing acne lesions. Frequency and severity of acne lesions should subside as the treatments go on. As well, on-going treatments can help to prevent acne break-outs and promote skin healing after acne break-outs by evening out skin tone and texture.

Cooling of the skin surface helps ensure additional safety during treatment. This is a no-downtime procedure. Many patients return to normal activities immediately after treatment.

Read the statements below, then initial on the line beside each to indicate you have read and understand all of the following:

_____ I authorize _____, Licensed Esthetician at Allure W S Laser Institute to perform the Acne Laser treatment on me.

_____ I understand that the Acne Laser is a device used for cosmetic purposes and will not be covered by insurance, and I am consenting to be a patient receiving this treatment.

_____ I understand that 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 results are not guaranteed and that I may not see any results. I also understand that treatment with the Acne Laser involves a series of several treatments, including multiple treatments per week for several weeks, and the fee structure of price per treatment has been fully explained to me.

_____ I understand that the Acne Laser treatment is not recommended as a stand alone treatment for acne, and that this treatment is not an alternative treatment for medical care.

_____ I understand that deep pore cleansing facials with extractions, home care products and/or medications prescribed by a dermatologist in combination with Acne Laser treatments can greatly enhance the results of these treatments.

_____ I understand that open, cystic acne may not be treatable by Acne Laser treatments.

_____ I understand that there is a possibility of short term effects such as reddening, swelling, scab formation, temporary discoloration of the skin, as well as the possibility of rare side effects such as burn, scarring and permanent discoloration. These effects have 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 understand that I should not pick, peel, scratch or scrub the skin before, after or while receiving laser treatments and that doing so will increase the risk of scarring, infection, discoloration or other adverse reactions to the skin.

_____ I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken, as well as my past and planned exposure to sun, sun-bed and self- tanning creams.

_____ 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 understand that the doctor is not performing the Acne Laser treatment on me, and that the Acne Laser will be operated by a licensed esthetician for purely elective, optional cosmetic purposes, which I consent to.

By signing below I indicate that I have read and initialed each statement above, that I fully understand each statement above and that I am consenting to treatment with the Acne Laser at Allure W S Laser Institute.

Patient Signature: _____ Date: _____

Print your full name here: _____

