

CONSENT FOR FRACTIONAL LASER SKIN RESURFACING

Name: Account:

I authorize Dr. Doolabh to perform **Fractional Skin Resurfacing** on me. I understand that the procedure is purely elective, that the results vary with each individual, and that multiple treatments may be necessary.

I understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild “sunburn” like effects that may last a few hours to 3-4 days or longer.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Fractional Laser can cause eye injury and protective eyewear must be worn during treatment.
- Sun or tanning lamp exposure and not adhering to the suggested home care regimen provided to me may increase my chance of complications or undesired results.

Before and after treatment instructions have been discussed with me. The procedure, as well as potential benefits, risks, alternatives, limitations, expected outcomes and timeline to expected outcomes, have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

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