



## **YAG: Patient Consent for Treatment**

### **A. Purpose and Background**

- VanderVeer Center uses only lasers that safely treat skin for the purpose of skin tightening and wrinkle reduction. This treatment is intended to improve skin tone and wrinkles, but clinical results may vary with different skin conditions. Best results are seen with a series of 3-6 treatments administered every 2-4 weeks, then followed by quarterly maintenance treatments.

### **B. Exceptions**

- The best results are seen in skin with moderate laxity, and non-invasive treatment is not intended to take the place of a surgical facelift. I have discussed these options and outcomes with a VVC medical professional and elect to proceed with non-surgical skin tightening.

### **C. Procedure**

- The Skin Tightening treatment works by deeply heating the layers of the skin to stimulate skin contraction and collagen remodeling. The treatment may be performed on all body areas in addition to the face and neck.

### **D. Risks/Discomfort**

- To ensure my safety, skin tightening procedures must be performed without topical anesthetic. The sensation is often described as a “very warm” feeling. I understand following the treatment, redness and swelling may develop on the treated areas. Discomfort may be treated with the application of cool compresses and anti-inflammatory medication. While adverse reactions are extremely rare, there is a possibility of side effects such as itching, blistering, crusting, scarring, and permanent discoloration. Permanent reduction or removal of hair in the treatment area is possible, while follicle stimulation can occur in the treated area as well. I agree if I have any concerns regarding my Skin Tightening treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider.

Due to the absorption of melanin by the laser light, permanent removal of dark hair in the treatment area is a possibility.

### **E. Eye Protection**

- I understand that my eyes will be covered with laser specific safety eyewear or an opaque material to protect them from the light and that I am not to remove the eye protection during treatment due to the risk of eye injury.

### **F. Alternatives**

- YAG is strictly a voluntary cosmetic procedure; no treatment is necessary or required.

### **G. Photography**

- I understand that clinical photographs are an essential component of my medical record. Photography is required by VanderVeer Center, before, during, and after treatments.

**H. Consent Procedure**

- Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, on the results that may be obtained. I understand that to achieve maximum results the protocol prescribed by VanderVeer Center should be adhered to. If for any reason the schedule cannot be adhered to, I understand that the results could be affected and additional treatments may be necessary to achieve optimal results. The number of treatments and results of treatment vary per patient and may be affected by the following factors, including but not limited to: degree of skin irregularity, sun exposure, weight gain or loss, patient age, skin conditions, medical history, medications, and lifestyle choices such as smoking.
- I have provided my complete medical history and medications.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant or nursing.
- I understand that I need to shave **dark** surface hair in the treatment area 24 hours prior to treatment.
- I understand that unprotected sun exposure must be avoided for a minimum of 2 weeks prior to treatment (including natural and artificial sun in addition to sunless tanning products), and that a dark tan or sunburn could result in a less effective treatment or the provider choosing not to perform the treatment.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. Use of sunscreen is essential and tanning should be avoided.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

**I elect to proceed with YAG Laser Skin Tightening treatment.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Patient Signature:*** \_\_\_\_\_