



Smoothbeam Diode Laser

A. Purpose and Background

- Smoothbeam is indicated for acne, acne scarring, sebaceous hyperplasia, enlarged pores, fine lines and wrinkles, and overall skin rejuvenation.

B. Procedure

- Smoothbeam involves treatment of the underlying levels of the skin without removal of the top layer of the skin. For best results, it is usually necessary to complete a series of 3-5 treatments at approximately 1 month intervals.

C. Risks/Discomfort

- There may be some discomfort of the area during treatment. The sensation is described as a "cool spray" from the cryogen followed by a "sharp pulse" from the laser. Topical numbing cream (available in our office) may be applied to the area prior to laser treatment to reduce discomfort during the procedure. Immediately following Smoothbeam, there is a possibility of short-term side effects such as itching, redness, swelling, and/or discoloration of the treated area. These effects may last from 24 hours to one week after treatment. Cool compresses may be applied to reduce swelling and discomfort following treatment. Adherence to the recommended use of Post-procedure skin care products will reduce side effects and encourage rapid healing. I agree if I have any concerns regarding my Smoothbeam treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider. I understand that while adverse reactions to Smoothbeam treatments are extremely rare, scarring and permanent skin changes such as discoloration can occur.

D. Benefits

- Smoothbeam is the first device to specifically target the root cause of acne, the sebaceous gland, for long lasting improvement. You can return to regular activities immediately as long as the treated area is protected from the sun.

E. Alternatives

- Smoothbeam is strictly a voluntary cosmetic procedure; no treatment is necessary or required. Alternative treatments may include but are not limited to other laser or light treatments, Microdermabrasion, Chemical Peels, Radio Frequency treatments, or doing nothing at all.



F. Photography

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

G. Consent Procedure

- I understand Smoothbeam is a laser designed for dermatological conditions and skin rejuvenation and that clinical results may vary. Although good results are expected, I understand that multiple treatments may be required and that no guarantee has been made, either explicit or implied, as to treatment outcome. I understand that to achieve maximum results the protocol prescribed by VanderVeer Center should be adhered to. The number of treatments and results of treatment vary per patient and may be affected by the following individual factors, including but not limited to: medical history and medications, skin type, skin conditions, degree of skin irregularity, amount of past sun damage, skin laxity, patient age, patient compliance with pre and post treatment instructions, and lifestyle choices such as smoking, diet and sun exposure.
- I have provided my complete medical history and medications.
- I understand that contraindications for Smoothbeam include use of Accutane within the last 6 months, current use of photosensitive medications, pregnancy, current skin cancer, active oral Herpes Simplex (cold sores), and prolonged exposure to sun or artificial tanning within the 4 weeks prior to treatment.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. I understand VanderVeer Center recommends Epionce skincare products to enhance the results of my Smoothbeam treatment.
- 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 agree if I have any concerns regarding my Smoothbeam treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a VanderVeer Center medical provider within 24 hours.

With consideration to all the information above, I elect to proceed with Smoothbeam.

I elect to proceed with Smoothbeam treatment.

Patient Name: _____ **Date:** _____

Patient Signature: _____