

Lutronic Infini Therapy Consent Form

Patient name _____

Treatment sites _____

I duly authorize _____ to use the Lutronic Infini laser system to perform Lutronic Infini Therapy ablative skin resurfacing and any post treatment medical requirements that may be necessary.

I understand that the Lutronic Infini Therapy is a procedure performed with a laser device designed for ablative skin resurfacing and that clinical results may vary in different skin types. I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

Clinical results may vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that Lutronic Infini Therapy may involve a series of treatments and the fee structure has 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 confirm that I am not pregnant at this time, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator. I also have completed a medical history checklist and been informed about what I must do and "not do" before, during and after the procedure.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

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.

Patient Signature _____ Date _____

Witness _____ Date _____

IMMEDIATELY POST-TREATMENT

- Apply cool compresses to the treated area if desired.
- Apply aloe gel or cooling cream as desired.
- Application of an antibiotic cream and a moisturizing spray is recommended.
- Provide patient with post-treatment instructions.
- Adjunctive light-emitting diode (LED) phototherapy can have very beneficial effects.
- Pinpoint bleeding may occur following microneedling of the skin. To control this, swab any such areas with epinephrine.

POST-TREATMENT PATIENT INSTRUCTIONS

- Postoperative stinging can be alleviated by the application of ice packs or gauze soaked in cold water
- The treated area should be gently washed at least twice daily with mild soap and water
- A crust may form over the treated lesion. Do not rub or forcefully remove the crust, allow crusts to fall off naturally. If a crust is forcefully removed, scarring may occur
- Once the crust has fallen off, immediately start to use sunblock (UVA/B, >SPF30, PA++) on the treated area
- Sunblock should be applied at least 1 hour before going outdoors. Sunblock should be re-applied after going into water and at intervals according to product instructions. Sunblock should be used in treatment area for at least 6 weeks
- Apply a post-treatment moisturizer per physician's recommendation.

EXPECTED SKIN REACTIONS AND RESULTS

- 1 day Post-Treatment: Redness and transient edema, skin begins to turn to a condition similar to before treatment.
- 3 days - 1 week Post-Treatment: Brighter skin tone and significant reduction in sebum secretion in oily skin types.
- 1 month Post-Treatment: Improvement of fine wrinkles and skin laxity.
- 1-3 months Post-Treatment: Continuous improvement of fine wrinkles, pores size, scars and skin laxity.