



Patient # and Name: _____

DOB: _____

Date: _____

Informed Consent Sublative RF Laser Treatment

_____ I authorize _____, Licensed Esthetician at Gardner Dermatology & Med Spa to perform the Sublative RF Laser treatment on me.

_____ I understand that the Sublative RF Laser is a device used for cosmetic procedures and resurfacing of the skin, of which I am consenting to be a patient receiving 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.

_____ Results typically appear gradually: immediate transient improvement may be noticed after each treatment; however maximum long-term effect is usually notable 2-4 months after treatment(s) conclusion.

_____ I understand that results are not guaranteed and that I may not see any results. I also understand that treatment with the Sublative RF Laser typically involves a series of treatments, and the fee structure of price per treatment has been fully explained to me.

_____ 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 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 Sublative RF Laser treatment on me, and that the Sublative RF Laser will be operated by a licensed esthetician for 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 Sublative RF Laser at Gardner Dermatology & Med Spa.

Patient Signature: _____ Date: _____

Print your full name here: _____



Patient # and Name:

DOB:

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Sublative RF Laser Contraindications

The following are contraindications, or things that may prevent you from being a good candidate for the Sublative RF Laser Treatment.

Contraindications of the Sublative RF Laser Treatment:

- Pacemaker or internal defibrillator, or any other active electrical implant anywhere in the body.
- Permanent implant in the treated area such as metal plates and screws, or an injected chemical substance.
- Current or history of skin cancer, or current condition of any other type of cancer, or pre-malignant moles.
- History of any kind of cancer.
- Severe concurrent conditions, such as cardiac disorders.
- Pregnancy and nursing.
- Impaired immune system due to immunosuppressive diseases such as AIDS and HIV, or use of immunosuppressive medications.
- Patients with history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area, may be treated only following a prophylactic regime.
- Poorly controlled endocrine disorders, such as diabetes.
- Any active condition in the treatment area, such as sores, psoriasis, eczema or rash.
- History of skin disorders, keloids, abnormal wound healing, as well as very dry and fragile skin.
- History of bleeding coagulopathies, or use of anticoagulants.
- Face lift or eyelid surgery (if periorbital treatment is performed) within six months prior to treatment.
- Facial resurfacing, or deep chemical peeling within the last six months, if face is treated.
- Having received treatment with light, radiofrequency or other devices in the treated area within 3-6 months (according to treatment severity) prior to treatment.
- Use of Isotretinoin (Accutane®) within 6 months prior to treatment.
- Any surgical procedure in the treatment area within the last six months or before complete healing.
- Treating over tattoo or permanent makeup.
- Excessively tanned skin from sun, tanning beds or tanning creams/self tanners within the last two weeks.
- Use of medications, herbs, food supplements, topical creams and vitamins known to induce photosensitivity to light exposure at the wavelengths used, such as Isotretinoin (Accutane) within the last six months, Tetracyclines, antibiotics or St. John's Wort within the last two weeks.

By signing below, I am indicating that I have read each of the contraindications of the Sublative RF Laser listed above and that none of the above statements pertain to me.

Patient Signature: _____ Date: _____

Print your full name here: _____