

OAKBROOK TERRACE
DERMATOLOGY ASSOCIATES

Laser Consent Form

Place Dymo label 4 here-
Indicate laser treatment on
label.

Please read and initial in spaces provided.

1. I understand that compliance with laser protocol will not only affect my laser results but also my safety. _____
2. I also understand that I if do not stay on schedule with treatments it may result in needing additional treatments. (They are generally spaced out 3 weeks apart.)

3. I understand that if I have any medical history changes I will inform Oakbrook Terrace Dermatology. _____
4. I understand the importance of not exposing treatment area to sun exposure with out a broad spectrum sun screen. _____
5. I am not pregnant. _____
6. I am not on any antibiotics or anti coagulant medications. _____
7. I have not taken Accutane for at least 6 months _____
8. I understand that although rare, there is possibility of side effects with any light based treatment such as scarring, permanent discoloration and well as short effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin. _____
9. I understand importance of discontinuing anti aging, acne products that contain retinols 5-7 days prior to laser treatment. _____
10. This procedure has been explained to me and all of my questions answered to my satisfaction. _____

Name Printed _____ Date _____

Signature _____ Date _____

Witness _____ Date _____