

# TREATMENT EDUCATION & CONSENT FORM

The Drs. Vanderlinde Laser Service Park Place Suite E 316 US Route One York, ME 03909 207-363-0555

\_\_\_\_\_ My signature at the bottom of this form verifies that I have read every detail below and have had every question answered before beginning a laser treatment program. I accept these possible risks.

\_\_\_\_\_ I verify that I have had a consultation session and that realistic goals and expectations have been described to me for either hair removal, and/or vein erasing and/or skin rejuvenation with wrinkle reduction.

\_\_\_\_\_ I will be treated by a only a duly licensed physician with the highly advanced LYRA / Nd:YAG Laser system.

\_\_\_\_\_ Laser is intense light that is directed through my skin to the target organ below the surface, such as: hair follicle, small vein or pigmented region. The target's different color is picked up by the laser and permanently destroyed. In the case of collagen, much lower settings are used to stimulate new growth and thereby reduce wrinkles, tone skin and reduce pores.

\_\_\_\_\_ This particular laser is designed to be used to go through every skin color. This is a great advantage to be able to continue treatments even with tanned skin just by changing settings.

\_\_\_\_\_ I understand that results can not be guaranteed by a certain number of treatments. I accept that I may need more or less depending on my own body's reactions and needs.

\_\_\_\_\_ The Drs. Vanderlinde will be operating in good faith, and will be looking out for my best interest and my safety by choosing higher or lower settings to get the best results without problems. They will discuss these parameters with me and let me take part in the final decision process.

\_\_\_\_\_ Complications that may occur immediately and frequently are: pain, tingling, redness, swelling.

\_\_\_\_\_ Complications that are unlikely, but may occur: blistering, burning, scarring, loss of skin color, deepening of skin color, and damage to skin.

\_\_\_\_\_ I am aware that the FDA has tested and approved this laser showing no evidence of causing skin cancer to date.

\_\_\_\_\_ It is my responsibility to notify Dr. Vanderlinde of every medicine that I am on and give an update of when they may change. I also will be fully accurate about all my medical conditions to be able to have this laser used safely on me.

\_\_\_\_\_ I promise to notify Dr. Vanderlinde if I have had sun exposure or been in a tanning booth in the last 2 weeks before a treatment so that the correct laser settings may be used on me to avoid complications. We will review my skin type at each session.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Dr. Vanderlinde