Informed Consent - laser 1064

Doctor Alessio Redaelli

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Informed consent for LASERTHERAPY

I undersigned_____ age_____
living in_____ street_____
phone number _____ e-mail_____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).

The laser 1064 gives out a particular light that allows to treat some slight blemishes of the body. Its light, when it meets a particular color, provokes degradation and elimination.

Indications:

- cutaneous photo rejuvenation.
- definitive hair removal
- treatment of lower limbs' capillaries (teleangectasie)
- treatment of face's capillaries (couperose)

Contraindications:

- irritated skins
- cutaneous and general diseases
- keloidi's history
- pregnancy
- collagen's diseases
- if you need to expose to the sun in the following days.

I declare to have the following diseases and to have suffered from the following problems:

.....

In the 2-3 following days after the treatment, it is necessary to avoid the exposure to too hot or too cold temperatures. It is forbidden to expose to the sun for the entire month. The skin does not have to be irritated for at least 1 month (peelings, derma-abrasions, irritating treatments in general, and any other treatment in the exposed zones needs to be authorized by the doctor). Protecting glasses are mandatory.

Possible problems: small scars, small scabs, burns, hyper pigmentations, ipo pigmentations, some patients can not totally respond to the treatment or have modest results.

More sessions are needed (usually from 4 to 8) and with time maintenance sessions are needed.

Results are not definitive, but they are a help to maintain a good skin.

At this time the procedures and used equipment are the most suitable from a medical-scientific point of view.

However, I declare not to be pregnant.

I am allergic to these substances:

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I followed the following aesthetic therapies:

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I authorize the management of the data also for an iconographic use. I confirm that I read and understood the above

I confirm I had the possibility to ask questions I thought were necessary. After having taken note of the illustrated situation, I accept the suggested medical procedure.

Date

_____

Patient's Signature

_____

Doctor's Signature

_____