

Informed Consent – CO₂ Fractioned Laser

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Informed consent for CO₂ fractioned laser

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).

CO₂ fractioned laser emits a particular fractioned light on the skin that allows treating the blemishes of the human body. Its light, when encounters the skin determines a degradation with an activity of stimulation of the fibroblast and ablation of the skin.

Indications:

- cutaneous photo rejuvenation
- reduction of the cutaneous spots

Contraindications:

- irritated skins
- cutaneous and general diseases
- history of keloids
- pregnancy
- collagen's diseases
- tanned skins
- if the patients has to expose to the sun in the following days

However, I declare I had the following diseases and suffered from the following disturbs:

.....

In the 2-3 following days after the treatment, there will be some swelling for the first and second day after the treatment especially on the delicate areas as the eyes and there will be some scabs that will be difficult to hide with make up. It is important to avoid the exposure to too hot or too cold temperatures.

It is forbidden to expose to the sun for an entire month after the procedure.

The patient has not to irritate the skin for a month (peeling, dermo-abrasions, irritating treatments in general and any other treatment of the exposed areas has to be authorized by the doctor).

Possible problems: small scars, small scabs, burnings, ipo or hyper pigmentations, some patients could not fully respond to the treatment or have modest results.

Sometime more sessions are needed and with the time maintenance sessions are required. Results are not final, but they are a great help to maintain an healthy skin.

The procedures and the used equipment are recognized as the most suitable from a medical-scientific point of view.

However, I declare not to be pregnant and to be allergic to the following substances:

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I followed these aesthetic therapies:

.....

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
