Vascular/Pigmented lesion (Dye-VL) consent

I hereby authorize and direct Cheeky Medspa to remove or lighten the appearance of vascular and/or pigmented lesions. The procedure involves using a laser or pulsed light device to coagulate the vessels or vascular lesions and/or treat pigmented lesions, age spots, and sun spots by melanin absorption. I understand it may take multiple treatments to obtain optimal results. Although these devices are effective in most cases, no guarantees can be made. I understand I may not experience complete clearance, and that it may take multiple treatments. Some conditions may not respond at all and, in rare cases, may become worse.

I am aware of the following possible experiences/risks:

* DISCOMFORT- A mild pain may be experienced during treatment.
* REDNESS/SWELLING–Short term redness (erythema) is common and swelling (edema) of the treated area may occur. An urticarial (hive-like) reaction may occur with smaller vessels.
* PURPURA / BRUISING: Purpura (bruising) is a transient phenomenon that usually resolves with time.
* HEMOSIDERIN STAINING– (iron leaking into tissue from blood breakdown) may occur and usually resolves over time, but it may be permanent.
* WOUND HEALING- While not expected, some swelling, redness or blistering of the treated areas may occur. Skin infection is a rare possibility whenever a skin procedure is performed.
* POST TX- Typically, the treated areas will darken and crusting or flaking will occur 1-3 weeks after treatment
* PIGMENT CHANGES (Skin Color) - There is a slight possibility that the treated area can become either hypopigmented (lighter), or hyperpigmented (darker), in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, may be permanent.
* EPIDERMAL CRUSTING – Pigmented lesions may crust as part of the healing process. Epidermal crusting may develop over vascular lesions. It is important not to disturb the crusts. May require medication if sensitivity or redness occurs. Crusts will typically slough 7 to 14 days after treatment.
* BURNS and INFECTION - Infection is a rare possibility whenever the skin surface is disrupted, though proper wound care should prevent this. If signs of infection develop, such as pain, heat or surrounding redness, please call our office at 907-252-3198.
* SCARRING- Scarring is a rare occurrence, but is a possibility if the skin’s surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
* TEXTURAL CHANGES/CUTANEOUS INDENTATIONS – May occur as a result of heat diffusion and thermal injury to tissue surrounding vessels.
* UNDESIRABLE HAIR REDUCTION–Hair reduction may occur at treatment sites. This is usually temporary but may be permanent.
* EYE EXPOSURE- Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental pulsed light exposure.
* SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING - May increase risk of side effects and adverse events.
* TREATMENTS- The number of treatments may vary but multiple treatments are always required. The number of treatments needed to clear your pigmented lesion is unknown.

**The following points have been discussed with me:**

* The potential benefits and limitations of the proposed procedure, including the possibility that the procedure may not work for me.
* The possible alternative procedures such as sclerotherapy, surgery or chemical peels.
* The probability of success.
* The reasonably anticipated consequences if the procedure is not performed.
* The most likely possible complications/risks involved with the proposed procedure.
* Post treatment instructions.
* Short term effects may include reddening, mild burning, temporary bruising or blistering.

By signing below, I indicate that **I am not pregnant**. Furthermore, I agree to keep Cheeky Medspa staff informed should I become pregnant in the course of treatment.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Cheeky Medspa from all liabilities associated with the above indicated procedure.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR TREATMENT OF VASCULAR AND/OR PIGMENTED LESIONS AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_