 Treatment Consent

Randi Hall, MSN, FNP-BC has explained to me that I am a good candidate for Profound treatment and that although the treatment has been shown to be highly effective, no guarantees can be made that I will benefit from treatment. I understand that the most common side effects and complications of this laser treatment are the following:

1. Pain. The sharp, burning sensation of Microneedle and RF emission may produce a moderate amount of discomfort. Topical anesthetics, anesthetic injections, may be used to block the pain during the procedure.
2. Prolonged skin redness. The treated areas may initially appear red in color. The redness will fade over the following couple of days.
3. Skin darkening (hyper-pigmentation). “Tanning” of the skin can occur in the treated areas and will eventually fade within a few months. This reaction is more common in patients with olive or dark skin tones and can worsen if the treated area is exposed to the sun.
4. Skin lightening (hypo-pigmentation). Light spots can appear in an area of skin that has already received prior treatment or can be a delayed response to the treatment. The pale areas can darken or re-pigment in several months, but could be permanent.
5. Scarring. The risk of this complication is minimal, but it can occur whenever the skin’s surface is disrupted. Strict adherence to all advised postoperative instructions will reduce the possibility of this occurrence.
6. Infection. A skin infection in the postoperative period can result. This risk is minimized by good skin care, including frequent hand washing. Change your pillow cases nightly for first 48 hours.
7. Allergic reaction. It is possible that an allergic reaction to an anesthetic, topical cream or oral medication can occur.
8. Acne or milia formation. Flare-up acne or formation of milia can occur in the postoperative period.

By providing my signature below, I acknowledge that I have read and understood all of the information written above as well as that contained within the information sheet. I feel that I have been adequately informed of my alternative treatment options, the risks of the proposed treatment, and the risks of not treating my condition. I hereby freely consent to the Profound to be performed by Randi Hall, FNP-BC and authorize the taking of clinical photographs to document my clinical process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Providers Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Providers Signature Date