Nemerofsky Plastic Surgery

PATIENT CONSENT FORM

FOR CUTERA PEARL FRACTIONAL LASER TREATMENT OF THE SKIN

I hereby authorize Dr. <u>Nemerofsky</u> or any delegated associates, to remove small columns of tissue during skin resurfacing treatment. The procedure involves using a laser whose light is absorbed by the water in your skin and heats it up. As a result, a portion of the outermost layer of your skin will slough (peel) off over a period of many days. It may take more than one treatment to obtain optimal results, and it is possible that the results will be minimal or not help at all. The results may be temporary or permanent and there is no way to predict how long the results will last. Although these devices are effective in most cases, no guarantees can be made.

I am aware of the following possible experiences/risks:

- DISCOMFORT Some discomfort may be experienced during treatment. A topical anesthetic will be applied to your skin before treatment. Other forms of anesthesia, or pain management, may also be used.
- SWELLING Swelling (edema) of the treated area is common and may occur. This usually resolves in a few days.
- REDNESS Redness (erythema) of the treated area is common and may occur. Make-up can usually be applied after 5 to 7 days and the erythema normally resolves in about two weeks.
- PIGMENT CHANGES (Skin Color) During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent. You should avoid sun exposure after the treatment and use sunblock.
- WOUNDS Treatment can result in burning, blistering, or bleeding of the treated areas. It is important that you not pick or scratch the sites as this may lead to permanent scars or promote an infection. If any of these occur, please call our office.
- INFECTION Infection is a possibility whenever the skin surface is disrupted which can lead to scarring. Proper wound care and keeping the treated area clean are important. If signs of infection develop, such as pain, heat, blisters, or surrounding redness, please call our office <u>973-784-1024</u>.
- SCARRING Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- GRID PATTERN In rare cases, a grid pattern may be apparent on the treated skin that usually resolves with time.
- 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 injury.
- ALLERGY There is a risk of an allergic reaction to the numbing cream.

The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Probability of success
- · Reasonably anticipated consequences if the procedure is not performed
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period
- Post-treatment instructions

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep Dr.<u>Nemerofsky</u> and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do___do not___authorize the use of my photographs for teaching purposes.

ACKNOWLEDGMENT

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

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness © 2009 Cutera, Inc. Print Name

Date

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