

Consent for Fractional Resurfacing

I _____, consent to and authorize Mark S. Grimsley, MD to perform treatments for Carbon Dioxide Fractional Resurfacing. Although this procedure is very safe with a low incidence of adverse effect, occasionally complications occur. They include:

- **Discomfort:** Temporary discomfort during and after the treatment may be experienced
- **Bruising and Infection:** A blue purple bruise may appear on the treated area, which might last from five to fifteen days. The laser may precipitate an outbreak of viral blisters, particularly with a history of cold sores. These can usually be treated by beginning anti-viral medication the day prior to the procedure. Bacterial infection can happen but is rare.
- **Erythema and Swelling:** Redness and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last a few days. Irritation, itching, and/or a mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment.
- **Pigment Changes:** Pigment changes such as hyper pigmentation and hypo pigmentation of the skin in the treated areas can occasionally occur. Mostly it is transient, lasting up to six months, but in rare cases it can be permanent. Most cases of hypo or hyper-pigmentation occur in people with darker skin or when the treated area has been exposed to sunlight before or after treatment. Rarely these pigment changes occur despite appropriate protection from the sun.
- **Scarring:** Scarring can occur which can be hypertrophic or even form a keloid
- **Other known complications of this procedure include:** blisters, reddening, pinpoint bleeding, bruising, superficial crusting, burns, pain, and infections. These side effects are usually temporary, lasting from five to ten days
- **Eye Exposure:** Protective eyewear will be provided. It is important to keep goggles on at all times during the procedure to prevent permanent damage to the eyes.

Consent:

Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated. I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks, there may be other treatments options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this invasive treatment for rhytids, photodamaged skin and other indicated skin conditions.

I have read and understand the Pre-Post treatment instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyper-pigmentation, hypo-pigmentation, and other skin textural changes. I have disclosed all medications that I am currently taking. I have no history of taking gold or silver salts, treatments or facials. I understand that this

examination is not meant to replace the necessity for a complete dermatological examination.

No guarantee, warranty, or assurance as been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring for 4-6 months. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I release the facility, and staff and specific technicians from any and all liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Signature _____ Date: _____

Print Name: _____

Witnessed by : _____ Date: _____