



Informed Consent for Revlite SI Laser Procedure

I authorize _____ to perform laser cosmetic skin treatments on me, using the Revlite SI laser. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

The laser produces an intense burst of light that is absorbed by the lesion or tattoo. Everyone in the treatment room will wear protective eyewear to protect from potential eye injury from this intense light. Following the procedure, the treated area may blister and have pinpoint bleeding for a few days. The area should be treated delicately following treatment. Multiple procedures are necessary. I have been informed that hyperpigmentation (darkening of the skin) and hypopigmentation (lightening of the skin) are possible risks and complications of the procedure. I understand that sun exposure and not adhering to the post-care instructions provided to me may increase my chance of complications.

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, clinical training, professional publications or sales and marketing purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly for such stated purposes without my permission.

Yes No Initials: _____

Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

Yes No Initials: _____

I have read and understand all information presented to me before signing this consent. I have also been given the opportunity to ask questions.

Client: _____
(or legal guardian)

Date: _____

Witness: _____

Date: _____