

MED LITE LASER CONSENT

The Laser is used to treat tattoos of various colors, telangiectasia (broken capillaries of spider veins), and brown spots. Pigmented lesions and tattoos can be lightened or removed by laser treatments. The laser is a device that produces an intense but gentle burst of light that passes through the skin being absorbed by the pigment. The pigment is broken up, into smaller particles which are removed by the body's natural filtering system.

There are many different variables with tattoos; the different inks, how deep the ink is in the skin, or how much ink is used. Because of this, no one can predict exactly the degree of removal or number of treatments needed on any given tattoo. The black and red inks fade the best. Oranges and purples usually respond well. Green and yellow inks are the most difficult to remove, although additional treatments can produce significant fading.

The sensation of the light is uncomfortable and may feel like a moderate to severe pinprick or burst of heat that lasts for only few seconds. If Dr. Rotter elects to use some form of local anesthesia, the options will be discussed.

1. I am aware that no guarantee of complete removal is made. Initial _____
2. The treatment will vary depending on the type, age, and color of the lesion. Initial _____
3. **MULTIPLE TREATMENTS ARE NECESSARY AND COMPLETE CLEARING OF THE LESION MAY NOT BE POSSIBLE.** Initial _____
4. I have been informed of the possible complications:
 - Blistering Initial _____
 - Scarring Initial _____
 - Hyperpigmentation (darkening of the skin) Initial _____
 - Hypopigmentation (lightening of the skin) Initial _____
5. Immediately following the laser treatment the treated area will be very delicate and appear bruised and may have a blue/gray discoloration. There may be some crusting that requires wound care.
6. I am aware that I must not have a tan before or after receiving laser treatments. Initial _____
7. I acknowledge that I must not be pregnant when I am receiving laser treatments. Initial _____
8. Following treatment, the area should be treated delicately - No rubbing or scratching. Initial _____
9. If complications do occur, it is my responsibility to inform Dr. Rotter and show the area to Dr. Rotter. Initial _____

This consent is a written confirmation of a discussion I have had with Dr. Steven Rotter and/or his assistant regarding laser therapy using the Med Lite Laser.

I certify that I have read and understood all information that has been presented to me before signing this form.

Signed: _____ Date: _____
(Patient or person legally authorized to consent for patient)

Witness: _____ Time: _____
(To patient's signature)