

MD DIET/SERENITY MD

**PATIENT INFORMED CONSENT
TREATMENT OF PIGMENTED LESIONS**

I hereby authorize Dr. Roland Fuertez or employees under Dr. Fuertez's supervision to perform pigmented lesion treatment with a light based device on me. I understand that this procedure treats pigmented lesions, age spots, and sun spots by targeting melanin with a bright pulsed light. I understand I may not experience complete clearance, and that it may take multiple treatments. Some conditions may not respond at all and, in rare cases, may become worse.

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT/ PAIN** – Some discomfort may be experienced during treatment. Pain may include the feeling of burning, stinging and radiating pain.
- **REDNESS/SWELLING/** – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur.
- **PURPURA / BRUISING:** Purpura (bruising) is a transient phenomenon that usually resolves with time.
- **SKIN COLOR CHANGES** – During the healing process, there is a possibility that the treated area may 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.
- **EPIDERMAL CRUSTING** – Pigmented lesions may crust as part of the anticipated healing process.. It is important not to disturb the crusts. May require medication if sensitivity or redness occurs. Crusts will typically slough 7 to 14 days after treatment.
- **WOUNDS** – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.
- **INFECTION** – Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office _____.
- **SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is **IMPORTANT** that you follow all post-treatment instructions provided by your healthcare staff.
- **UNDESIRABLE HAIR REDUCTION:** Hair reduction may occur at treatment sites. This is usually temporary but may be permanent.
- **SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING** - May increase risk of side effects and adverse events.
- **EYE EXPOSURE** – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatments such as liquid nitrogen, topicals, or excision
- Reasonably anticipated health consequences if the procedure is not performed
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr.Roland Fuertez 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 SCKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR LIGHT BASED TREATMENT OF MY PIGMENTED LESIONS, AND THAT AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY MY HEALTHCARE TEAM.

Signature-Patient or Guardian

Print Name

Date

Signature-Witness

Print Name

Date
