Premier Image Cosmetic & Laser Surgery
Premier Image Cosmetic & Laser Spa

Laser Vein Treatment Consent

I hereby authorize and direct Dr. William Silver, Dr. DeJoseph, Dr. Marc Klein and whoever may be delegated to perform the following procedure: Remove or lighten the appearance of dilated superficial veins on my face or body. The procedure involves using a laser to coagulate the vessels and it is possible the result will be minimal or not help at all. It is not possible to make every vein disappear. Several treatments may be required to achieve the desired results.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, crusting, scarring, change in skin color, and/or blistering.
- Post treatment instructions.

I am aware of the following possible risks/complications with laser treatments.

- **DISCOMFORT**- Some discomfort may be experienced during laser treatments.
- **HEALING**- Laser treatments can result in swelling, blistering, crusting, or flaking of the treated areas, which may require 1-3 weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional 2-4 weeks, or longer in some patients.
- **BRUISING/SWELLING/INFECTION**- With some lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, whenever a skin procedure is performed.
- **PIGMENT CHANGES (skin color)**- During the healing process, there is a slight possibility that the treated area can become either lighter or darker compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- **SCARRING**- Is a rare occurrence, it is a possibility when the skin's surface is disrupted to minimize the changes of scarring, it is IMPORTANT that you follow all post treatment instructions carefully.
- **EYE EXPOSURE**- Protective eyewear (goggles) will be provided. It is impossible to keep these goggles on at all times during the treatment in order to protect your eyes from accidental laser exposure.

I understand my obligation to follow the instructions closely and visit the office as directed.
I certify that I have read the above consent and fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction.

Patient Signature:_____ Date:_____

Patient Name:_____ Date:_____

Continued Treatment Consent

Date	Initials