

Consent for ActiveFX, MaxFx, DeepFx and TotalFX

UltraPulse® Encore™ Laser Procedures

I understand that the purpose of this procedure is for skin resurfacing of my _____.

I understand that there are several alternatives to treatment, including but not limited to other laser treatments, chemical peels, radiofrequency treatments or no treatment at all.

Risks – Initial Each One

- I understand that the possible risks of the procedure include
 - ___ Crusting
 - ___ Bruising and swelling
 - ___ Redness
 - ___ Scarring
 - ___ Hypopigmentation (skin lightening)
 - ___ Hyperpigmentation (brown/red discoloration)
 - ___ Molting of skin
 - ___ Increased vascularity of skin
 - ___ Infection
 - ___ Other unforeseen complications
 - ___ Eye injury is possible but unlikely when eye protection is used
- I understand that a single procedure will improve but not completely remove all my skin concerns in the area treated.
- I understand that individual response will vary according to skin type, hair color, degree of tanning, follow-up care and the body area being treated.
- I understand that treatment may be painful and feel uncomfortable for approximately 12 hours (like a sunburn). Pain after 24 hours may be an indication of infection. You should notify Dr. Cockerham immediately at cell 650-804-9270.

I understand the procedure and risks, accept the risks, and request that Dr. Cockerham perform this procedure on me. All of my questions have answered.

Name of Patient (print)

Date

Signature of Patient

Date

Signature of Dr. Cockerham

Date