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Informed Consent

I, _____ understand that the Fotona long pulse Nd:YAG laser is intended for treatment of infected acne and warts, as well as vein-removal and hair-removal treatments. I understand that clinical results may vary with different skin types, hair color, vein size and location and other potential differences in patient conditions.

Furthermore, I understand that all skin surfaces to be treated are to be free of makeup, powders, lotions, deodorant or any other product. I also understand that as with any laser treatment, there is the possibility of side effects such as scarring, and permanent increased or decreased pigmentation, as well as short-term effects such as blistering, reddening, mild burning, temporary bruising, hemosiderin staining, and varying degrees of discomfort. These effects have all been fully explained to me. _____(Please initial)

I understand that treatment of Onychomycosis with the Fotona Nd:YAG is pending FDA clearance. No guarantees can be made concerning the results to be achieved. I also understand that in the treatment of toe nail fungus and in the treatment of warts, there is the possibility of experiencing some discomfort during the procedure, indicative of achieving the necessary temperatures to achieve results.

I understand hair grows in 3 different cycles and the only time the hair follicle can be destroyed is when it is in the Anagen (growing) cycle. I understand the duration of the hair cycle and the percentage of hair in the Anagen phase is different for all areas of the body. I also understand the depth of the follicle varies throughout the body. I also understand that age, ethnicity, metabolism, medications and changes in hormones affect the location, resilience and thickness of hair and that White, Gray and true Red hair is known to not be effectively treated by any laser technology. I understand that previously inactive follicles can become active at any point in my life to produce new hair growth even in a treated area. I understand these factors influence the success of laser epilation and that it may require multiple treatments and/or follow up treatments to eliminate or reduce the amount of hair I have in the treated area. I also understand that while most patients get satisfactory to excellent results, each patient is different and there is no guarantee as to the success or duration of success that I may achieve.

I understand vascular treatments may, depending on size, location, and depth, require multiple treatments. I also understand that purpura (a small amount of bleeding in the surrounding tissue leaving a purple and later brownish discoloration) may occur, and that this is like a bruise and usually goes away in 30-60 days. I understand the result of vein treatments on the legs are improved when I decrease my physical activity and use ace wraps or support stockings for 3 days.

Moreover, I understand the contraindications for treatment include: pregnancy, diabetes, and history of scarring, use of medications that increase photosensitivity, and recent and planned sun or sun lamp exposure. I have reviewed the list of drugs that may cause photosensitivity and understand potential side effects associated with the laser treatments while using any of the medications on that list. I am aware of other techniques to treat these conditions, including, but not limited to: surgery, sclerotherapy, waxing, electrolysis and other types of lasers. And finally, I am consenting to the taking of photographs for my medical record, as well as for use in education and potential advertising. I will not be identified in any photos for advertising without a separate written consent. I have the full understanding that such images and/or video tapes may be copied into other formats and media.

With the above mentioned points in mind and agreed to, I elect to have non-invasive long pulse Nd:YAG laser treatments. I have read and understand this agreement, and all of my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement in full.

Patient's Signature: _____ Date: _____

Witness: _____