

# Consent form for Laser for Pigmented Lesions

Mr./Mrs./Miss : ..... Age : .....  
Address : .....  
.....  
..... City:.....  
Phone Number : ..... Mobile : .....

Name of procedure and machine used .....

I undersigned Mr./Ms ..... have been explained regarding above said procedure in my regional language. I am fully aware of the possible side effects and risks involved in this procedure. I am also aware that this particular procedure may not always be successful and no guarantee can be made for successful outcome of such procedure.

I have been explained that multiple session may be needed for satisfactory results and even after final results, maintenance treatments may be essential.

I also know that this procedure will be performed by ..... I also give my consent that during this procedure if any complication arises, I may be given any emergency treatment best suitable to me without asking my prior permission.

I further state that I have carefully read and understood all the information provided in this form and under fully conscious mind I hereby give my written consent for the said procedure with its risks involved.

Signature of patient /-  
thumb impression  
Date : .....

Signature of parents /-  
Guardians(for minors)  
Date : .....

Name and Relationship if signed by other than parent : .....  
Date : .....

**Witness :**

Name : ..... Signature : .....  
Date : .....