Consent form for treatment of vascular lesions by lasers

| | ize Dr or his assigned respective |
|--|--|
| My lesions(s) being treated are ca | lled |
| The laser is a device that produce the abnormal vessels seen in spide harming the surrounding tissue. The LASER. To protect my eyes from the opaque material of wear laser protect | es an intense but gentle burst of laser light that treats r veins or other cutaneous vascular lesions without e laser to be used on me is e intense light, I will have my eyes covered with an tive glasses. Other methods of treating facial or lower s, or facial wrinkles, have been discussed with me. |
| possible risks and complications of of the lesion being treated, complet treatments for the best results. The a | ing, hypopigmentation and hyperpigmentation are this procedure. Depending on the size and colour te clearing may not be possible or require multiple verage number of treatments required for cutaneous understand that this number is variable. |
| • | ary. However, different options for anaesthesia have or I elect to use a form of me. |
| I consent to the taking of photog purpose of documentation and posto | raphs during the course of my laser therapy for the perative assessment. |
| a red or bruised discolouration and s last up to 14 days and swelling for a | lowing the laser treatment, the area may appear as lightly swollen. I understand any discolouration may few hours, up to several days. Improper care of the is present may increase the chance of scarring, skinges to the treated area. |
| I have been read and understood consent. | all information presented to me before sigining this |
| | |
| Patient Signature /- | Witness /- |
| Date : | Time : AM/PM |