



Premier Image Cosmetic and Laser Surgery
 4553 N. Shallowford Road
 Atlanta, GA 30338
PicosmeticSurgery.com

(770)-457-6303
1-888-455-FACE

Laser Vein Treatment Consent

I hereby authorize and direct Dr. Louis DeJoseph, MD. and whoever may be delegated to perform the following procedure: Removal or lighten the appearance of dilated or 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, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is **IMPORTANT** that you follow all post treatment instructions carefully.
- **EYE EXPOSURE**– protective eyewear (goggles) will be provided. It is important to keep these goggles on at all times during the treatment in order to protect your eyes from accidental laser exposure.

Continued Treatment Consent	
Date	Initials

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: _____