

Consent for Laser Skin Resurfacing

I named aged yrs, have been advised to undergo LASER Skin resurfacing for my skin condition

I hereby give my consent after being explained about the procedure by Dr I also state that I have understood the following information:

1. I am aware that this is a Cosmetic Procedure and I have been involved in decision making about the choice of treatment.
2. I am aware that LASER will be used for the procedure.
3. I am also aware that the procedure will be performed in increasing dosage.
4. I am also informed that several sessions may be necessary for the desirable results.
5. I have been informed that objective of treatment of scars is improvement and not perfection. Approximately 50 - 80% improvement may be expected, though this varies from case to case.
6. I have been informed that I may experience mild burning during the procedure and for few days after procedure.
7. I am aware that the skin may become slightly reddish /brownish for few days after the procedure.
8. I have been informed :
 - A) To use sun blocks regularly.
 - B) To avoid irritants, soaps for 1 week.
 - C) To avoid sunlight for 2 weeks.
 - D) To use FUCIDIN H cream for 1 week.
 - E) To use tab Cetzine if burning sensation persists.
 - F) To stop FUCIDIN H cream once erythema subsides / after 1 week.
9. I am aware that improvements may take few weeks to occur and that I may need further follow-up

I have fully understood the above information after reading it/being translated the same by

I hereby give consent for Dr to perform the procedure and other Medical services that may become necessary during the procedure. The consent form has been signed by when I was not under the influence of any drugs. I hereby give consent to take my photographs which will not be used for publicity.

Signature of Patient /-

Signature of Doctor /-