

Laser Lightening/Pigmentation Consent Form								
Patient Name	:	GURJANT SINGH		Emirates ID	:	784-1991-1515751-5		
File No	:	7000328	DOB	:	1991-09-16	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Doctor-9 test	Date	:	2023-11-15



**Skin Conditions Treated:**

- Freckles
- Sun Spots
- Pigmentation and Hyperpigmentation
- Melasma
- Age spots (solar lentigines)
- Sebborheic Keratosis
- Nevus of Ota

I have been informed and well explained about the following details of the treatment:

- A laser lightening/pigmentation treatment is performed with an extraordinary nanosecond laser (Q-switched/Quasi long).
- It is not a painful treatment but anesthetizing the area can be done as requested with the use of topical cosmetic cream.
- Each sitting requires merely 10 to 20 minutes.
- After the treatment, you might observe swelling and a bit of dryness. Do not be concerned because in a week; you will begin to see the changes. You shall need to wait for some weeks for complete results.
- Number of sessions will depend on each case. You may need to have it done for more sessions as per the advice of the Doctor/Therapist.

I am consenting the Therapist Doctor-9 test to do my LASER LIGHTENING TREATMENT at VISION MEDICAL & DENTAL CENTER (Abu Dhabi). I am fully aware that the main priority of VISION MEDICAL & DENTAL CENTER (Abu Dhabi) is to ensure my safety, make me feel at ease and maintain my privacy and comfort at all times.

PATIENT	DOCTOR
<div> Patient Signature</div>	<div>Patient Name GURJANT SINGH</div>
<div> Doctor Signature &amp; Stamp</div>	<div>Doctor Name Doctor-9 test</div>