

## Q Switch / Carbon Laser Consent Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	dermatology derma
			Date	:	2024-03-06

### This Informed Consent form has two parts:

- Information Sheet (to share information about the treatment with you)
- Certificate of Consent (for signatures if you agree to go ahead with the treatment)

### PART I: Information Sheet

The following has been explained to the patient in general terms.

**Q Switch / Carbon Laser Facials** are a revolutionary, non-invasive, painless with virtually no-downtime procedure that helps rejuvenate the appearance of aging and damaged skin. It gently removes the top layer of skin and targets the melanin under the skin, leaving an amazing glow with vibrant, youthful complexion.

This gentle procedure is safe on all skin types. It is a great way to get skin refresher without the longer downtime associated with other laser procedures. It evens skin tone, reducing appearance of pigment, fine lines, freckles and acne scars.

### Contraindications:

- Botox and filler less than 15 days
- Any chemical peel less 3 weeks
- At least 1 month after Accutane treatment
- Laser hair removal less than 1 Month

### What to expect:

Your skin will feel immediately smoother and look instantly refreshed. Better still, there's zero downtime! You can return to your daily activities immediately following your treatment – your skin may appear slightly red, but this should disappear within a few hours. We recommend you use SPF30+ and avoid abrasive exfoliates or other invasive skin treatments for a few days.

The treatment is gentle, non-invasive and painless. You'll probably hear a small pulse as we target the carbon particles in your pores with the laser.

### Confidentiality

VISION MEDICAL & DENTAL CENTER (Abu Dhabi) will maintain the confidentiality of your details and we assure you not to disclose them to any other party without your acknowledgement.

### PART II: Certificate of Consent

I have read the previous information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions that I have asked/have been answered to my satisfaction. I consent voluntarily to undergo this treatment and understand that I have the right to withdraw from the procedure or treatment at any time without in any way affecting my medical care.

In permitting my doctor to perform my procedure, I understand that unforeseen conditions may be revealed that may necessitate change or extension of the original procedure or the different procedure than those already explained to me. I therefore authorize and request that the above named physician, his/her assistant, or his/her designees perform such procedure as necessary or desirable in the exercise of his/her judgement.

In the unlikely event that one or more of the above inherent complications may occur, my physicians may take appropriate and reasonable steps to manage and be available to me and my family to address our concerns and questions.

I consent to any photographing or videotaping of the procedure that may be performed, provided by my identity is not revealed by pictures or description texts accompanying them, so that my physician may follow my therapy progression.

I consent that I stop using Accutane Isotretinoin one month before the treatment.

I confirm that the individual has given consent freely.




### Healthcare Professional Declaration:

I have adequately explained to the patient about the procedure and risks, adverse effects, and the standard alternatives available for the procedure.

I have permitted time and opportunity for the patient to ask questions, and all questions have been answered to my knowledge.

**"I agree that healthcare provider(s) involved in my care at this facility will access my health information through the Health Information Exchange System (NABIDH) in accordance with the Laws of the United Arab Emirates, Emirate of Dubai Legislation and Dubai Health Authority Policies"**

"أوافق على أن مقدمي الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول إلى معلوماتي الصحية من خلال نظام تبادل المعلومات الصحية (NABIDH) وفقاً لقوانين دولة الإمارات العربية المتحدة، تشريعات إمارة دبي وسياسات هيئة الصحة بدبي"

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		
Patient Name sai krishna  Date 2024-03-06	Witness Name ytyuyu  Date 2024-03-06	Doctor Name dermatology derma - Dermatology (0)  Date 2024-03-06

