

## Fractional Laser Consent Form

Patient Name	:	Aswathi Vipin			Emirates ID	:	784-2543-5254612-1	
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	dermatology derma	Date	:	2024-03-07

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.

**Fractional** laser works by delivering precise microbeams of laser light into the layers of skin, creating deep, narrow columns of heat into the tissue or Microthermal Treatment Zones (MTZ's). These MTZs stimulate the tissues natural healing process that results in fast growth of healthy new collagen rich skin. The procedure can be used on the face, neck, chest, arms and hands. The intended benefits Fractional Laser include but are not limited to the reduction of acne scars, other scars, photo ageing, skin laxity, improvement of skin texture, pigment, wrinkles and fine lines.

#### What to expect:

It should be understood that all procedures carry certain risks. The potential risks and complications from this type of procedure include but not limited to:

**PAIN** : The stinging or burning sensation from the procedure can produce a moderate amount of discomfort. An anesthetic cream, local anesthesia injections and cool air jet will typically be used to minimize discomfort.

**REDNESS AND SWELLING:** Redness and swelling can occur in treated area. The redness and swelling will typically subside in 2 to 3 days. The effects can be minimized with the application of cool compresses if required.

**SKIN DARKENING/LIGHTENING:** Darkening of the skin (hyperpigmentation) rarely occurs in the treated areas and will usually fade within 3 to 6 days. This reaction is more common when treated areas are exposed to the sun. Hypopigmentation or light spots can appear as a delayed response to treatment. Pale areas can darken or re-pigment in several months, but it could be permanent. It is extremely important to protect the treated area from sun exposure with a hat and sunscreen for 6 weeks after the treatment and carefully adhere to all post-treatment instructions.

**INFECTION:** Bacterial, viral or fungal infections can occur post procedure. Infections can cause redness and swelling and resolve or progress into cellulitis requiring treatment. Fractional Laser could trigger a recurrence of cold sores (Herpes simplex infection) or acne form eruptions which may require treatment. These problems may resolve in time, but medical intervention may be required in some cases, and long-term effects may persist in rare cases.

**SCARRING:** There is a risk of skin scarring, including abnormal raised and/or depressed scars with any minimally invasive procedure. Careful adherence to all advised postoperative instructions will help reduce the possibility of this occurrence.

**DISSATISFACTION:** With all treatments the precise degree of improvement cannot be guaranteed. The outcome's subjective nature also means dissatisfaction is a possible outcome regardless of effectiveness of treatment. It should be understood that the effect of all treatments may gradually wear off and additional treatments may be necessary to acquire the desired effect, and further charges will apply if more treatments are required.

### POST CARE – Fractional Laser

While there are limited side effects from Fractional Laser, there are few post-treatment instructions you should be aware of.

- After your Fractional Laser treatment you may experience warmth and redness in the treated areas for 1-3 days.
- Repeated application of our Rescue balm in the first 48 hours will greatly increase comfort levels and speed your recovery time. Rescue balm is best stored in the refrigerator, as keeping this product cold will add to its soothing and anti-inflammatory properties.
- Cleansing is performed twice daily with a gentle cleanser, foaming it with water and using only clean hands.
- Scrubs and facial cloths are the best avoided at this stage as they can harbor bacteria and further abrade the skin.
- Soreness and tightness of the treated area is common at this stage of treatment. In this period we strongly advise against exposure to chlorinated environments as the chemicals can irritate sensitized skin.

### 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 Aswathi Vipin  Date 2024-03-07	Witness Name ddd  Date 2024-03-07	Doctor's Name dermatology derma  Date 2024-03-07

