

# Laser Lightening/Pigmentation Consent Form

Patient Name	:	Vision Test Patient				Emirates ID	:	784-6987-5266587-7
File No	:	2	DOB	:	2020-06-17	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	Doctor Vision	Date	:	2023-11-25



## 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 Vision 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.

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Vision Test Patient	Doctor - Laser (DHA101) 2023-11-25