



IV SEASONS SKIN CARE
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PATIENT INFORMED CONSENT
PROFRACTIONAL ERBIUM LASER SKIN TREATMET

Informed consent: Patients have a right to be informed of facts, consider the goals of and alternatives to the treatment being offered. Please read all the information herein and sign below when you agree to treatment.

I understand that the Sciton Profractional is intended for wrinkles, scars, and sun damaged skin and that clinical results may vary in different skin types. I understand that there is a possibility of rare side effects such as scarring and permanent discoloration as well as short term side effects such as reddening, mild burning, and temporary discoloration of the skin. These effects have all been fully explained to me _____ (please initial).

Facts about Profractional: The Profractional is a quick and moderately comfortable laser procedure with little downtime, used for improving the overall appearance of your skin. Profractional uses a laser microbeam to treat thousands of pinpoint areas of your skin. Healing time is quick and downtime is short because only a fraction of the skin is directly treated with the laser.

Conditions treated: Profractional is used to improve a wide variety of skin conditions such as: wrinkles and fine lines, age spots, post traumatic scars, acne scars sun spots, freckles and aging sun-damaged skin.

Goal of treatment: Patient may discuss goals with the Physician and the Esthetician. There can be no guarantee made as to anticipated results. Results will vary according to skin type and condition upon starting treatment. It is strongly recommended that a program of home skin care product usage be undertaken to further any gains made with the treatments. A series of 2-5 treatments at 6-12 week intervals are suggested, followed by a maintenance protocol of treatment and home care.

I understand that the treatment by Sciton Profractional system involves a fee, and the fee structure has been fully explained to me.

Alternatives to treatment: Profractional is offered as an alternative to other methods of non-invasive exfoliation, such as enzymatic, alpha/beta hydroxy acid or chemical peeling. It is not intended to replace surgery, dermabrasion or ablative laser resurfacing. Surgical intervention may be necessary to treat dermal scarring or tighten loose skin. I understand that there are other options for treatment that are available

Photographs

I do __, do not __ give permission for photographs and other audio-visual and graphic materials to be used by the physician. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature _____

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.

Patient's Name

Date

Signature

Witness