



# Pacific Clinic

## **SmartXide Touch CO2 Laser**

### **Consent Form**

#### **Purpose of the Procedure:**

- ❖ The SmartXide CO<sub>2</sub> laser is used for aesthetic treatments such as skin resurfacing, scar revision, improvement in skin texture, tone, and tightness and reduction in fine lines, wrinkles, scars, or stretch marks.
- ❖ The laser delivers precise, fractionated energy to the target tissue to stimulate collagen remodeling and promote tissue regeneration.

#### **Description of the Procedure:**

- ❖ The laser delivers controlled pulses of light energy to vaporize microscopic areas of tissue.
- ❖ Depending on the treatment area, topical or local anesthesia may be used.
- ❖ The treated area may appear red, swollen, or scabbed for several days as new tissue heals.
- ❖ I understand that local and/or topical anesthesia may be necessary for this procedure to which I consent.

#### **Potential Benefits:**

- ❖ Improvement in skin texture, tone, and tightness
- ❖ Reduction in fine lines, wrinkles, scars, or stretch marks

#### **Potential Risk and Side Effects:**

##### **Common:**

- Redness, swelling or mild discomfort for several days



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- Itchiness, dryness, crusting or a sensation of heat
- temporary pigment changes (lightening or darkening of the skin)

### Rare:

- Blistering, scarring
- Prolonged redness
- Delayed healing

### Very Rare:

- Pustules
- Contact Dermatitis
- Acne exacerbation
- Herpes simplex virus reactivation
- Bacterial and viral infections
- Burns
- Permanent changes in pigment (lightening or darkening of the skin)
- Infection
- Lack of improvement or reoccurrence of complications

### Contraindications:

- ❖ Currently pregnant or breastfeeding
- ❖ Have active infections, open wounds, or lesions in the treatment area
- ❖ Have a history of keloid scarring or poor wound healing
- ❖ Are using isotretinoin (Accutane) or photosensitizing medications
- ❖ Have had recent radiation therapy or surgery in the treatment area



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## **Alternative Treatment Options:**

- ❖ Topical creams or serums
- ❖ Chemical peels or microneedling
- ❖ No treatment

## **Patient Care Instructions:**

- ❖ I understand the importance of pre-treatment and post-treatment instructions and that the failure to comply with these instructions may increase the possibility of complications.
- ❖ Avoid direct sun exposure and use sunscreen as advised

## **Photography:**

- ❖ Photographs will be taken of the region of treatment.
- ❖ I have been provided with a Photography Consent Form on the day of my procedure. I have reviewed and signed the form.

## **Patient Acknowledgement:**

- ❖ I have been thoroughly and completely advised regarding the objectives of the procedure.
- ❖ I understand the nature and effects of the procedure, the risks, ramifications, complications involved, as well as alternative methods of treatment. These have been fully explained to me by the physician or designated person.
- ❖ I understand that the practice of medicine and surgery is not an exact science and no results have been guaranteed. I acknowledge that imperfections may result and that the result may not meet my expectations.



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- ❖ I certify that no guarantees have been made by anyone regarding the procedure(s) that I have requested and authorized.
- ❖ I understand that in the unlikely case where an imperfection results, the patient and doctor may determine the necessity of a secondary procedure and such revisions are not included in the initial procedure fee, and will incur an additional charge.

### **Patient Consent:**

- ❖ I certify that I have read the above, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorization.
- ❖ I request and authorize Dr(s). Amit Grover or Adriana Rosales to perform the ablative procedure on me using the SmartXide Touch Fractional CO2 laser.

PATIENT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_