Zgoda na laserowe usuwanie warstw skóry

Świadoma zgoda na ablacyjne i nieablacyjne laserowe usuwanie warstw skóry, w tym frakcyjne CO2, erbu i peeling węglowy

Informacje o kliencie

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

DD / MM / RRRR

Szczegóły zabiegu

Treatment type *

- [ ] Fractional CO2 (ablative)
- [ ] Erbium (ablative)
- [ ] Non-ablative fractional (e.g., 1540/1550 nm)
- [ ] Carbon laser peel
- [ ] Other

Treatment areas *

- [ ] Full face
- [ ] Around eyes
- [ ] Around mouth
- [ ] Neck
- [ ] Chest
- [ ] Hands
- [ ] Scars (specify below)

Goals

- [ ] Wrinkles and fine lines
- [ ] Acne scars
- [ ] Sun damage / pigmentation
- [ ] Texture and pores
- [ ] Skin laxity

Have you had laser resurfacing, deep peels, or dermabrasion before? *

- [ ] Yes
- [ ] No

If yes, when and how did your skin respond?

Historia medyczna

Are you pregnant, trying to conceive, or breastfeeding? *

- [ ] Yes
- [ ] No

Do you have any of the following?

- [ ] Autoimmune condition (lupus, RA, MS, etc.)
- [ ] Bleeding disorder or on blood thinners
- [ ] Diabetes
- [ ] History of keloid or hypertrophic scarring
- [ ] Cancer (current or within the last 5 years)
- [ ] Immunosuppressed / immune disorder
- [ ] None of the above

Have you taken isotretinoin (Accutane) in the last 6–12 months? *

- [ ] Yes
- [ ] No

Do you have a history of cold sores (herpes simplex)? *

- [ ] Yes
- [ ] No

Do you have active acne, infection, or open wounds in the area? *

- [ ] Yes
- [ ] No

Have you had sun exposure, tanning, or self-tanner in the last 4 weeks? *

- [ ] Yes
- [ ] No

Do you have melasma or a history of pigment changes after skin injury? *

- [ ] Yes
- [ ] No

Do you have vitiligo, psoriasis, or eczema in the area? *

- [ ] Yes
- [ ] No

Have you had radiation therapy to the area? *

- [ ] Yes
- [ ] No

Current medications and supplements

Allergies (medications, latex, lidocaine, anesthetics)

Ryzyka i powikłania

Potential Risks and Complications:

- Redness, swelling, oozing, and crusting for several days (ablative) or 1–3 days (non-ablative); redness can persist for weeks
- Pain or burning during healing
- Infection — bacterial, viral (cold sore flare), or fungal
- Hyperpigmentation — darkening, common in tanned or darker skin, usually fading over months
- Hypopigmentation — lightening that can be permanent, especially with deep ablative treatment
- Prolonged redness, milia, or acne flare
- Scarring, including textured or thickened scars (rare)
- Eye injury without protective eyewear
- Lines of demarcation between treated and untreated skin

Strict sun avoidance and SPF 30+ for 4 weeks before and 8 weeks after is essential. Ablative resurfacing requires a wound-care routine for 5–10 days and time off work.

I understand the expected healing process, that I must follow the wound-care and sun-protection instructions exactly, and that healing may take longer than described.

I understand the downtime and wound care: _____

I understand that temporary or permanent skin lightening or darkening, prolonged redness, and scarring are possible, particularly with recent sun exposure, isotretinoin, or a history of pigmentation.

I understand pigment changes and scarring are possible: _____

Zezwolenie na zdjęcia

May we take before-and-after photos for your treatment record? *

- ☐ Yes — for my medical record only
- ☐ Yes — and you may use them anonymously for marketing
- ☐ No

Dziennik usług

Tylko do użytku wewnętrznego

Service Log

	Date	Area	Device / Energy / Density	Notes
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Zgoda i podpis

I voluntarily consent to laser skin resurfacing treatment. I have been informed of the benefits, risks, alternatives, and potential complications, including infection, pigment change, and scarring. I understand this is an elective cosmetic procedure and no guarantee of outcome has been made. I release the provider and practice from liability related to this treatment except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Data

Drukowane imię i nazwisko

Date *

DD / MM / RRRR