

Інформована згода на лазерне шліфування шкіри

Інформована згода на абляційне та неабляційне лазерне шліфування шкіри, включаючи фракційний CO2, ербієвий та вуглецевий пілінг

Інформація про клієнта

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

ДД / ММ / РРРР

Деталі лікування

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?

Медична історія

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)

Ризики та ускладнення

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: _____

Дозвіл на фотографування

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

Журнал послуг

Тільки для службового використання

Service Log

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

Згода та підпис

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

Дата

Друковане ім'я

Date *

ДД / ММ / РРРР

Цю форму надала безплатно компанія Consentify

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