



About FotoFacial treatment

This document describes what you need to know before and after receiving the laser FotoFacial treatment. We use only licensed doctors to perform this treatment and provide any follow-up care required. Should you have any unanswered questions, our doctor can answer them at your in-person consultation.

Before treatment

What does it do?

The FotoFacial treatment removes or reduces the following skin conditions: brown spots or age spots, rosacea, spider veins.

Who should not receive this treatment?

We will not perform this treatment on people using Accutane or other medications that make people sensitive to sunlight.

What risks are involved?

What problems might I experience?

Should you experience any problems following your treatment, we can advise and treat you. Our doctor can answer any questions you might have at your in-person consultation.

1. *Skin condition changes:*
 - a. **Scarring:** Some people experience permanent scarring.
 - b. **Bleeding:** Some people experience pinpoint bleeding.
 - c. **Other:** Some people experience reddening, mild burning, temporary bruising, or blistering. These conditions usually go away between 3 to 6 months.
2. *Skin color changes:*
Some people experience a change of skin color, either darkening or lightening. This usually goes away between 3 to 6 months, but for some people, the skin color changes are permanent. You can reduce the risk of permanent color changes by avoiding sun exposure to the treatment area for 2 months before and 2 months after your treatments.
3. *Infection:*
Some people experience bacterial, fungal, or viral infections, for example, herpes simplex virus infections around the mouth. If you frequently experience cold sores or fever blisters, ask our doctor about taking antiviral medication before your treatment as a preventive measure.
4. *Localized allergic reactions:*
Some people experience a skin allergy to tape or to the preservatives used in cosmetics or preparations applied to the skin during treatment.

5. *Systemic allergic reactions:*
Some people experience allergic reactions that extend beyond the treated skin area. You can reduce this risk by clearly informing us of all the prescription medications you use.
6. *Harm to vision:*
Lasers can be harmful to the eyes. You can reduce or eliminate the risk of damage to your vision by wearing the provided safety goggles during your treatment.

What else do I need to know?

1. Let our doctor know of any medications you are using. In particular, let us know if you use any medications that prevent clotting of blood. (These are also known as anticoagulants.)
2. The effectiveness of the treatment varies from person to person, and you might need more than one treatment session to achieve the desired results.
3. This treatment can destroy skin lesions, preventing a laboratory analysis of a lesion. Ask our doctor if you suspect any skin lesions might benefit from a lab analysis before this treatment.

About your appointment

Your safety comes first. If at any time we discover that our equipment is not in proper, working condition, we'll kindly ask for your understanding and ask you to reschedule your appointment.

Understanding and accepting the risks

Confirm the following statements:

1. I am signing this document before being treated at Recharge Medical.
2. This procedure or treatment, including anticipated benefits, material risks, and alternative therapies, has been explained to me or my legal representative.
3. All my questions regarding this treatment have been answered satisfactorily.
4. I have read and understood the information provided above and the information provided to me in person by the staff.
5. I accept all risks involved in this treatment.
6. I release Recharge Medical and its agents from all liability associated with this treatment.
7. I have shared all information about me requested and discussed above.
8. I agree to tell my provider of any future changes in my medical profile, medications, topical products, and issues related to my skin treatment.
9. Following this procedure I agree to follow the instructions in the aftercare treatment plan I am given.

Wait to sign and date below until one of our staff members watches you do so.

Printed name of client

Signature of client or client's legal guardian

Date and time

Printed name of provider

Signature of provider

Date and time