

Skin Tightening Consent Form
For Treatment of Fine Lines, Wrinkles & Tightening

I _____ authorize Anti-Aging Centers of Connecticut, LLC and its designated staff to perform ND Yag Laser 1064nm and/or 1325nm/1440 nm treatment on me. I have been advised of pre- and post-treatment procedures and possible adverse reactions which are as follows:

ND Yag 1064nm and/or 1325nm/1440 nm Laser is one method of treating wrinkles, fine lines and stimulation of collagen to create the appearance of lifting or tightening. A small clinical study was conducted with great results on breasts, face, stomach, and even thighs.

Pre-Treatment Instructions:

Accutane: Client should be off Accutane for at least 6 months prior to treatment and a small test patch on the area should be done to evaluate tissue response.

Sun: 7 days of no active sunning or sunburn

Active Ingredients: Stop Retin A (Tretinoin) for 7 days before treatment

Antibiotics: For photosensitivity reasons, client should be off topical antibiotics for 2-3 days and should be off oral antibiotics for 10-12 days from last pill taken.

Expected Responses

Clinical endpoint is significant erythema (redness), slight to moderate edema (swelling), and mild to moderate sunburn sensation. This discomfort should resolve within several hours. In rare cases, some clients experience persistent erythema, papule formation, whitening of the skin, blistering, and hypo or hyper pigmentation and activation of herpes simplex virus may occur. Side effects may last for several days, or in some instances, hypo or hyper pigmentation may last for several months.

End Treatment Result

Treatment should cease when desired clinical endpoint is achieved.

Multiple treatments (4 or more) over a period of several months may be required to achieve the desired response.

Treatment should be done 4-6 weeks apart for best results.

Post-Treatment Care:

- Use of a zinc oxide-containing sunblock of SPF 30 or higher is recommended
- Clients should be advised to avoid scrubbing or trauma to the area
- Resume use of topical agents when irritation resolves (usually 48 hours after skin calms down)
- No sun for 7 days after treatment

I agree to cooperate with the recommendations of Anti-Aging Centers of Connecticut, LLC, and I realize that any lack of cooperation could result in less than optimum results. I further understand that compliance with the recommended post-treatment instructions is crucial for healing, prevention of scarring and hypo/hyper pigmentation.

I certify that I have read and fully understood this form and consent to the procedures referred to in this document. I have had the opportunity to ask Anti-Aging Centers of Connecticut, LLC any questions regarding the proposed treatment. I also certify that I read and write English.

I consent to the taking of photographs during the course of my therapy for the purpose of medical education and to track results during treatments. My identity will not be revealed on the photographs or corresponding text.

By signing below, I acknowledge that I have read and understand all information presented to me before signing this consent form. I hereby release Anti-Aging Centers of Connecticut, LLC, its medical staff and technicians from any liability arising out of the services associated with the above treatment.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____