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CONSENT FORM FOR TREATMENTS WITH ALEXANDRITE LASER

Date :

Name:

Description of treatment:

An appropriate treatment for
is laser treatment using the Alexandrite 755-nm laser. The overall goal is to provide satisfactory treatment for the reduction or elimination of.....

Procedure: A brief medical history will be taken and an examination of your skin will be performed. For the three weeks prior to treatment, you need to avoid sun exposure and tanning beds. If you are obviously tanned, you may not be treated. If you have a history of herpes (tell it to doctor), medication to reduce the risk of an outbreak will be prescribed as appropriate.

You will need to wear special eye goggles to protect your eyes against possible accidental exposure to laser light. The area(s) of the skin will be exposed to various doses of light from the laser system, and will be photographed again. If the area is not anesthetized, you may experience discomfort from the laser exposure, which has been described as the sensation of being snapped with a rubber band. Local swelling, vesiculation, crusting, redness or even scarring, Hypopigmentation or Hyperpigmentation transient or permanent may also result from the exposure. Previous sun exposure or tanning increases the possibilities of complications to appear. You will care for the skin area(s) gently cleaning daily with gentle, antibacterial cleanser and applying sunscreen with a SPF of 30. An SPF30 sunscreen should be applied before leaving the office.

The course of treatments may require a number of treatments, occurring at one to six week intervals. Following treatment, you will be evaluated within a time determined by the physician. The actual treatment time and number of treatments will be dependent on condition being treated.

I understand that sun exposure after the treatment and not adhering to the post-care instructions provided to me may increase my chance of complications.

I understand that the treatments results are not guaranteed and that medicine is not an actual science there for the results may vary according to individual case/ patient.

I certify that I have read and understood all information presented to me before signing this consent form. I have also been given the opportunity to ask questions.

Therefore, I authorize Dr. Neofytou Yiannis to perform laser facial skin treatment.

Patient:.....

Witness:.....