



# EDANS MED SPA

body contouring & aesthetics

## LASER GENESIS: ND YAG 1064 INFORMED CONSENT

### **Mechanism:**

Laser Genesis is a non-ablative Laser procedure to improve skin texture and firmness, targeting the papillary dermis. It is proven to produce new collagen, minimize fine lines, wrinkles and large pores. It is sometimes referred to as the “warm laser facial” comfortable and enjoyable.

### **Safety:**

All required safety precautions and equipment specific guidelines will be followed to ensure the utmost in safety during your treatments.

### **Limitations:**

I understand that Laser Genesis is an elective cosmetic procedure and that NO GURANTEES are made or implied regarding the effectiveness or my actual results. A series of treatments is necessary to achieve maximum benefits.

### **Discomfort:**

A slight to moderate warming sensation may be experienced during laser treatment. I understand that I will have sunburn type sensation in the treated area up to several hours after treatment.

### **Skin Effects:**

I understand that most people will experience some redness and mild swelling after the treatment. I understand that in most cases, all of the effects should resolve themselves within a few hours. Scarring is extremely rare and usually only happens with those individuals predisposed to keloids or excessive scarring. I have been advised not to undergo Laser Genesis if I have such a history. Pigment changes (Skin Color) Hypopigmentation (Lighter) or Hyperpigmentation (Darker) can occur but on rare occasions. These effects are usually temporary although can be permanent. Any laser procedure can result in swelling, blistering, crusting, flaking or bruising on the treated area which may require one to three weeks to heal. Finally a skin infection is a rare possibility whenever a skin procedure is performed.

Edan's Med Spa cannot guarantee the outcome of my treatments. I agree to follow the Pre and Post Treatment instructions to reduce the likelihood or severity of any adverse effects.

My signature attests to the fact that I am a competent adult of at least 18 years of age, I have fully read this entire consent form, that I have had any questions or concerns answered to my satisfaction, that I understand and agree with the information contained herein, and accept the risks inherent in undergoing this treatment.

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Patient Printed Name: \_\_\_\_\_

Practioner Signature: \_\_\_\_\_ Practioner Printed Name: \_\_\_\_\_