

**Contraindications**

Photorejuvenation should not be performed in patients who are sensitive to light treatment. Patients taking photo-sensitizing medications should be cautioned.

Photorejuvenation should not be performed on patients who are pregnant, trying to get pregnant, or breast feeding.

Photorejuvenation should not be performed on patients who currently have a tan.

**Results**

There is no guarantee, warranty, or assurance of results of any treatment. An initial series of treatments is recommended and may be necessary to observe desired results. Clinical results vary from patient to patient. Multiple treatments or additional touch ups may be necessary to achieve desired results. Treatments generally last for three to 12 months.

Occasionally, unforeseen mechanical problems may occur and appointments need to be rescheduled. In these circumstances, we make every effort to notify our patients prior to the appointment. Please be understanding if we cause you any inconvenience.

**Payment**

Payment is due at the time of treatment. All services rendered are charged directly to the patient and the patient is personally responsible for payment. In the event of non-payment, the patient will bear the cost of collection, and/or court cost and reasonable legal fees, should this be required. Touch-ups may be required and payment is required for touch-ups. The regular charge applies to all subsequent treatments. Prices are subject to change without notice. No refunds will be given for treatments received.

**Consent**

By signing below, I acknowledge that I have read the foregoing informed consent, I understand it, and I agree to the treatment with its associated risks and complications. The procedure has been explained to me and my questions have been answered satisfactorily. I understand that this is an elective procedure and that I have the right to refuse treatment. I understand that multiple treatments are necessary to achieve desired results. I have read and understand the contraindications above. I certify that none of these contraindications applies to me. I certify that if I have any change in my medical history I will notify my doctor immediately. I authorize clinical photographs to be taken for my medical record. I agree to adhere to all safety precautions and regulations during the treatment. I will follow all pre-care and aftercare instructions carefully as they are crucial I do so for healing and for prevention of adverse effects. I hereby voluntarily consent to the current photorejuvenation treatment(s) with the above understood. I hereby release Dr. Alex Eshaghian, the person using the laser, and Alex Eshaghian Medical Corporation from liability associated with this procedure.

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Patient Name (print)

Patient Signature

Date

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Witness Name (print)

Witness Signature

Date



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## PHOTOREJUVENATION CONSENT

### **Background**

Photorejuvenation is a procedure in which laser(s) and/or light is used to lighten, fade, or remove photo-damaged skin in a non-ablative or ablative manner. Visible signs of photo damage include wrinkling, enlarged pores, coarse skin texture, and pigment alterations. Lasers or light can be used effectively to destroy targets located in the skin with minimum damage to the surrounding tissues.

### **Risks and Complications**

This list is not meant to be inclusive of all possible risks and complications associated with photorejuvenation, as there are both known and unknown side effects associated with any procedure. The possible side effects of photorejuvenation include but are not limited to:

1. Redness (erythema) and swelling (edema) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Prolonged redness can last longer. Irritation, itching, and/or a mild heat-like or burning sensation or pain similar to sunburn may occur within 48 hours of treatment.
2. Pigmentary changes such as darkening (hyper-pigmentation) and lightening (hypo-pigmentation) of the skin in the treated areas can occasionally occur. Mostly it is transient, lasting up to six months, but in rare cases it can be permanent. Most cases of hypo- or hyper-pigmentation occur in people with darker skin or when the treated area has been exposed to sunlight before or after treatment. Occasionally these pigmentary changes occur despite appropriate protection from the sun.
3. Textural changes such as scarring, which can be raised (hypertrophic), depressed (atrophic), or even keloid, can occur. Other known complications of this procedure include blisters, reddening, pinpoint pitted scars, bruising, superficial crusting, burns, pain, and infections. These side effects are usually temporary, lasting from five to ten days but can be permanent as well.
4. Acne-like breakouts (acneiform eruptions) may occur after a treatment.
5. The skin at or near the treatment site may become fragile. If this happens, makeup should be avoided and the area should not be rubbed, as this might tear the skin. A blue-purple bruise may appear on the treated area, which might last from five to fifteen days. As the bruise fades, there may be rust-brown discoloration of this skin, which fades in one to three months or longer.
6. Cold sores (Herpes simplex virus) may be reactivated by a photorejuvenation treatment. This can occur in those with or without a history of cold sores. Other infections such as viral, bacterial, and fungal infection are possible, although rare. Please contact our office as soon as possible should you have concerns so that it can be treated.
7. Additionally, there is a known and expected loss of hair in the treated areas with certain lasers and light sources. In a very small percent of people there is new hair growth in the surrounding areas being treated.
8. Eye damage can occur from the light and therefore protective eyewear must be worn during all photorejuvenation sessions. Protective eyewear will be provided.

### **Alternatives**

Alternative methods for photorejuvenation include no treatment, neuromodulator injections, dermal fillers, chemical peels, and surgical facelifts.

### **Photographs**

Clinical photographs and their use for shall be used for the patient's medical record.



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**LASER TREATMENT QUESTIONNAIRE**

- Do you have a pacemaker or an internal defibrillator?  Yes  No
- Do you have superficial implants in treatment area?  Yes  No
- Do you have any type of cancer?  Yes  No
- Do you have a history of cancer?  Yes  No
- Do you have any pre-malignant moles?  Yes  No
- Do you have severe cardiac disease?  Yes  No
- Are you pregnant or breast feeding?  Yes  No
- Do you have HIV or AIDS?  Yes  No
- Do you have an immunosuppressive condition?  Yes  No
- Are you taking any immunosuppressive medications?  Yes  No
- Do you have systemic lupus erythematosus (lupus)?  Yes  No
- Do you have porphyria?  Yes  No
- Do you have epilepsy?  Yes  No
- Do you have Herpes simplex (cold sores) in the treatment area?  Yes  No
- Do you have poorly controlled diabetes?  Yes  No
- Do you have PCOS (polycystic ovarian syndrome)?  Yes  No
- Do you have an active skin condition in treatment area?  Yes  No
- Do you have a history of keloids or abnormal wound healing?  Yes  No
- Do you have a bleeding disorder?  Yes  No
- Have you used any anti-coagulant medications in the last 6 months?  Yes  No
- Have you used isotretinoin (accutane) in the last 6 months?  Yes  No
- Have you used tetracycline or St. John's Wort in the last 2 weeks?  Yes  No
- Are you taking minoxidil?  Yes  No
- Have you had a resurfacing procedure in the last 3 months?  Yes  No
- Have you had a surgical procedure in treatment area in last 3 months?  Yes  No
- Have you had a recent surgical procedure in treatment area not complete healed?  Yes  No
- Do you have a tattoo or permanent makeup in treatment area?  Yes  No
- Do you have tanned skin?  Yes  No
- Have you had electrolysis, waxing, or plucking in the last 6 weeks?  Yes  No

I certify that the answers to the above questions are true and correct.

Patient name: \_\_\_\_\_

Signature: \_\_\_\_\_

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





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## LASER AFTERCARE INSTRUCTIONS

Immediately after the treatment, redness, swelling, bumps, and minor crusting at the treatment area are to be expected; this may last two hours or longer. It is normal for the treated area to feel like sunburn for a few hours.

Once home, you may use a cold compress or ice packs to the treated areas if needed. Aloe vera gel and non-prescription hydrocortisone cream (1 %) may be applied to the treated areas. If there is any crusting, apply antibiotic cream or ointment. Darker pigmented people may have more discomfort than lighter skin people and may require the aloe vera gel or an antibiotic ointment longer. Contact us if you experience severe blisters and crusting of the skin.

You may shower and use soap after a treatment. Use a mild cleanser to the treated area when cleaning it. Strong soaps can cause dryness and perfumed soaps can cause irritation. Do not use a washcloth or loofah to the treated skin for at least three days. Skin should be patted dry and not rubbed. You may apply deodorant after 24 hours. Underarm areas that have been treated should be wiped with alcohol for 24 hours.

For pain relief, aspirin or tylenol can be taken every four to six hours.

Do not rub, scrub, pick, or scratch the treated skin.

Don't shave the treated area for at least three days after treatment. Do not use any other hair removal methods or products on the treated area during the course of your laser treatments. Do not bleach, pluck, wax, or tweeze hair. This can lead to skin irritation and slow down the healing process.

Avoid sun exposure to reduce the chance of dark or light spots during the course of treatment. Use sunscreen SPF 30 or higher with UVA and UVB protection at all times throughout the treatment. Apply sunscreen every day, even if you do not go outside.

Avoid any makeup in the treated area for 24 hours after treatment. For the six days following this initial 24 hours period, if makeup is necessary, it is recommended to use mineral makeup to reduce the possibility of infection. Be sure to use moisturizer on under your makeup. Any moisturizer without alpha-hydroxy acids will work.

Specifically for laser hair removal, anywhere from five to 30 days after the treatment, shedding of the hair may occur and this may appear as new hair growth. This is not new hair growth, but dead hair pushing its way out of the follicle. At this time, you can encourage the hair to exfoliate by washing or wiping with a loofah or washcloth. Hair re-growth occurs at different rates on different areas of the body. New hair growth will not occur for at least three weeks after treatment.

Avoid heat, alcohol consumption, and exercise for 24 hours after the treatment. Heat refers to hot environments outdoors, but also hot environment indoors such as a hot bath, steam room or sauna. Also avoid hot or spicy food or drinks such as soup, coffee, or tea for 24 hours after the treat. All of these things can draw blood to the skin and cause irritation, blisters, scars, discoloration, and other unwanted side effects.