



NAME _____ CHART _____ DATE _____

PRE-TREATMENT INSTRUCTIONS ERBIUM YAG

BEFORE THE TREATMENT

Discuss and disclose any healing disorders such as caused by diabetes mellitus, connective tissue disease or radiation/ chemotherapy.

Discuss and disclose if there is an active infection or history of herpes simplex of the lips, mouth or face.

Do not proceed with the Erbium Yag treatment if the patient is pregnant or breast feeding.

Discuss and disclose allergies to topical anesthetics, antibiotics, or other medications.

Do not proceed with the treatment if Isotretinoin (Accutane) has been used within the past 12.

Discuss the history of any hypertrophic scarring or keloid formations or other skin diseases.

BEFORE FOLLOW-UP TREATMENTS

Disclose any new medications you may begin using during your treatment program.

Treatments cannot be performed on areas with a suntan or sunburn. Avoid direct exposure to the sun, tanning beds 4 weeks prior to treatment. A broad-spectrum sunscreen of SPF 30 or higher should be applied to any treatment area exposed to the sun.



NAME _____ CHART _____ DATE _____

POST-TREATMENT INSTRUCTIONS ERBIUM YAG

EXPECTATIONS FOLLOWING TREATMENT

Mild erythema (redness) will be present in the treatment area and can last from a few hours up to a few days. Treatment areas almost always become erythematous. Immediately following the procedure, patients will experience a mild sunburn sensation that may include some mild discomfort. Most patients do not feel any significant discomfort, however, an ice pack (not direct ice) may be applied to help soothe areas with discomfort.

A cooling lotion or soothing gel may be used after Erbium Yag treatments.

- It is important to protect your skin from environmental elements; therefore, a lotion with a SPF protection of at least 30 should be used daily.
- A few days post procedure, patients will experience mild peeling of the skin. The peeling is similar to the effects of sunburn. Continue to follow the skin care regimen offered by your physician. Do not pick at the peeling skin, as it may lead to scarring.

GENERAL SKINCARE

Proper skin care is important to protect the new refreshed skin. Your physician will discuss a proper skincare regimen following your Erbium Yag treatment.

- Clean the treated area daily with a mild cleanser. Apply a thin layer of mild moisturizer to the area several times a day until evidence of dryness, blistering or swelling has dissipated.
- Shower as usual but be aware that the treated area may be a little temperature sensitive.
- Avoid chlorine, hot tubs and swimming pools during the treatment program.
- Avoid direct contact in the sun during your treatment program. Always use a topical sun protection of SPF 30.
- Avoid the use of exfoliants, loofah sponges and aggressive scrubbing to the treated areas.

PRECAUTIONS

- Avoid exposure to the sun and tanning beds for 30 days prior to the treatment.
- Do not rub, scratch or pick at the treated area. Treat the area gently. Pat skin dry after bathing or showering. An antibiotic ointment such as Bacitracin may be applied. Neosporin and Polysporin are not recommended.
- Makeup may be applied over the treated area 24 hours after the treatment.
- Avoid shaving the treated area for 48-hours after the procedure.
- If patients have any questions, please call our office.



NAME _____ CHART _____ DATE _____

CONSENT TO TREATMENT

Skin Resurfacing with Spectrum Er:Yag Laser System

I authorize and consent to the treatment for the removal of superficial wrinkles and/or pigmented lesions with the Spectrum Laser System.

I have been advised of the purported advantages and disadvantages associated with this treatment.

I understand that treatment with this laser system varies from patient to patient and that that more than 1 treatment may be required.

Although rare, adverse outcomes such as hyperpigmentation and/or hypopigmentation (darkening or lightening of the skin), skin texture changes, and trace scarring can occur.

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure.

I understand that the possible benefits are the reduction and possibly the elimination of wrinkles and pigmented lesions.

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes.

I have been given the opportunity to ask questions and have received satisfactory answers to those questions.

I hereby authorize the taking of photographs.

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician, and the staff of the Ferguson Clinic from any and all liability, damages, costs and expenses arising from or out of the use of the Spectrum Laser for treatment of wrinkles and/or the removal of pigmented lesions.

With all of the above information understood, I am choosing to be treated with the Spectrum Erbium Laser System.

Patient/Guardian's Signature

Date

Witness' Signature

Date