



MicroLaserPeel™ and/or ProFractional™ Consent Form

I hereby authorize and consent to the members of Refine MD staff to perform the following procedures or treatments: **MicroLaserPeel and/or ProFractional**

I recognize that during the course of the MicroLaserPeel/ProFractional treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize Refine MD physicians and/or staff to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician or Refine MD staff at the time the procedure is begun.

I consent to the administration of such medication considered necessary or advisable. I understand that all medications involve risk and the possibility of complications, injury, and sometimes death.

1. There are possible risks to this procedure. Such problems may include but are not limited to: pain, purpura, swelling, peeling, rash, redness, bruising, blistering, crusting or scab formation, ingrown hairs, infection, hyperpigmentation, delayed healing and unforeseen complications which can last up to many months, years or permanently.

2. There is a risk of scarring.

3. Short term effects may include reddening, burning, temporary bruising or blistering. A brownish/red darkening of the skin (known as **hyperpigmentation**) or lightening of the skin (known as **hypopigmentation**) may occur. This usually resolves in weeks, but it can take up to 3-6 months to heal. Permanent color change is a rare risk. Loss of freckles or pigmented lesions can occur.

4. Infection: Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.

5. Bleeding: Pinpoint bleeding may occur during and following the procedure. Bleeding will typically subside shortly after the procedure, however additional treatment may be necessary.

6. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyperpigmentation. Aftercare guidelines include avoiding the sun for 2 months after the procedure. If it is necessary to be in the sun, a sunscreen with SPF 30 or greater must be used.

I understand that multiple treatments may be necessary to achieve desired results. No guarantee or assurance has been made to me as to the results that may be obtained.



I have been given the opportunity to ask questions and have received satisfactory answers to those questions by the treating Physician and the staff.

I understand that, regardless of payment method, there will be no refunds issued for services rendered. I agree that should I have a problem of any kind whatsoever, I shall immediately notify Refine MD.

I certify that I have read and fully understand the contents of this form and that the disclosures referred to above were made prior to my signing the form below.

I understand that photographs will be used to track patient progress. These photographs may be used for promotional purposes anonymously.

I understand the procedure and accept the risks.

I hereby release Refine MD staff and physicians from all liabilities associated with the above indicated procedure.

Client Signature: _____

Client Name: _____

Date Reviewed and Signed: _____