

About FotoFacial treatment

This document describes what you need to know before and after receiving the laser FotoFacial treatment. We use only licensed doctors to perform this treatment and provide any follow-up care required. Should you have any unanswered questions, our doctor can answer them at your in-person consultation.

Before treatment

What does it do?

The FotoFacial treatment removes or reduces the following skin conditions: brown spots or age spots, rosacea, spider veins.

Who should not receive this treatment?

We will not perform this treatment on people using Accutane or other medications that make people sensitive to sunlight.

What risks are involved?

What problems might I experience?

Should you experience any problems following your treatment, we can advise and treat you. Our doctor can answer any questions you might have at your in-person consultation.

- Skin condition changes:**
 - Scarring:** Some people experience permanent scarring.
 - Bleeding:** Some people experience pinpoint bleeding.
 - Other:** Some people experience reddening, mild burning, temporary bruising, or blistering. These conditions usually go away between 3 to 6 months.
- Skin color changes:**

Some people experience a change of skin color, either darkening or lightening. This usually goes away between 3 to 6 months, but for some people, the skin color changes are permanent. You can reduce the risk of permanent color changes by avoiding sun exposure to the treatment area for 2 months before and 2 months after your treatments.
- Infection:**

Some people experience bacterial, fungal, or viral infections, for example, herpes simplex virus infections around the mouth. If you frequently experience cold sores or fever blisters, ask our doctor about taking antiviral medication before your treatment as a preventive measure.
- Localized allergic reactions:**

Some people experience a skin allergy to tape or to the preservatives used in cosmetics or preparations applied to the skin during treatment.
- Systemic allergic reactions:**

Some people experience allergic reactions that extend beyond the treated skin area. You can reduce this risk by clearly informing us of all the prescription medications you use.
- Harm to vision:**

Lasers can be harmful to the eyes. You can reduce or

eliminate the risk of damage to your vision by wearing the provided safety goggles during your treatment.

What else do I need to know?

- Let our doctor know of any medications you are using. In particular, let us know if you use any medications that prevent clotting of blood. (These are also known as anticoagulants.)
- The effectiveness of the treatment varies from person to person, and you might need more than one treatment session to achieve the desired results.
- This treatment can destroy skin lesions, preventing a laboratory analysis of a lesion. Ask our doctor if you suspect any skin lesions might benefit from a lab analysis before this treatment.

After treatment

The treated areas of your skin will be red and swollen, and thin scabs will form. Treat these areas daily with a moisturizer and with an antibiotic ointment (e.g., Polysporin) until the scabs fall off. For most people this takes between 1 and 3 weeks, but in rare cases it takes as long as 6 months. Avoid scratching the scabs. Scratching can cause scars to form.

About your appointment

Your safety comes first. If at any time we discover that our equipment is not in proper, working condition, we'll kindly ask for your understanding and ask you to reschedule your appointment.

Understanding and accepting the risks

Confirm the following statements:

- I am signing this document before being treated at Recharge Medical and Day Spa.
- All my questions regarding this treatment have been answered satisfactorily.
- I have read and understood the information provided above and the information provided to me in person by the doctor and staff.
- I accept all risks involved in this treatment.
- I release Recharge Medical and Day Spa and its agents from all liability associated with this treatment.

Wait to sign and date below until one of our staff members watches you do so.

Signature _____ Date _____

Print your name _____

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