

Horizons



Wellness

## **INFORMED CONSENT FOR SKIN TIGHTENING, STRETCH MARKS AND SCAR REDUCTION**

A brief medical history will be taken and an examination of your skin will be performed.

For one week prior to treatment, avoid sun exposure, tanning beds, and tanning creams. If you have sun exposure within the past week, *you will not be treated*.

If you have history of herpes, medications to reduce the risk of an outbreak should be prescribed for one week.

You will need to wear special eye goggles to protect your eyes against possible accidental exposure to pulsed light. Areas of the skin will be exposed to laser or pulsed light from the system, and before/after photographs will be taken.

You may experience discomfort from the treatment, which has been described as the sensation of being “snapped with a rubber band.” Local swelling, redness, or crusting may occur following the treatment.

Following the procedure, clean the treated area with gentle cleanser and apply SPF 30 or greater.

The course of treatments may require a number of treatments, occurring at four to six-week intervals. The actual treatment time and number of treatments needed will be dependent on the condition being treated.

I certify that I have read and understand all information presented to me before signing this consent form. I have also been given the opportunity to ask questions. Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained. I understand that payments for laser treatments are non-refundable.

**My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Horizons Wellness and Horizons Health and Horizons Wellness, LLC from all liabilities associated with the above indicated procedure.**

Patient or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Laser Technician) \_\_\_\_\_ Date: \_\_\_\_\_