



# THE SPA AT TEN

## Mixto Fractionated CO<sup>2</sup> Consent Form

*The Mixto Fractionated CO<sub>2</sub> laser is intended for skin rejuvenation such as, improvement of skin laxity, fine to deep wrinkles, dyschromia, and sun damage. Results may vary depending on the condition of skin, skin type and area treated. More than one treatment may be needed for optimal results.*

I confirm that I have none of the known conditions that could make treatment contraindicated, such as:

- 1) Pregnancy or lactation
- 2) Active herpes Simplex (cold sore) in treated area
- 3) History of keloid scarring
- 4) Use of medications that increase photosensitivity
- 5) Use of Accutane in past six months
- 6) UV light exposure 2 weeks prior to treatment

Client Initials \_\_\_\_\_

Expect redness and swelling after treatment, followed by dryness and peeling. Social downtime can be anywhere from 2-7 days, depending on aggressiveness of settings, area treated and expectations. While uncommon, complications can occur. Complications can include, mild to moderate discomfort, sun sensitivity, blistering, bruising, scabbing, local infection, pigment changes and scarring.

Client Initials \_\_\_\_\_

I understand that direct sun exposure should be avoided for 30 days following my treatment. Sunblock of at least SPF 30 should be worn even with minimal sun exposure. I agree to refrain from sun tanning and/or tanning booths while for at least 30 days after the Fractional CO<sub>2</sub>. I understand refusal to adhere to guidelines will possibly result in damaging the treated skin.

Client Initials \_\_\_\_\_

I understand there are other alternative treatments for skin rejuvenation besides Mixto Fractionated CO<sub>2</sub>. I understand there are no guarantees as to the results of the treatment. Variables affecting the end results include: age, skin type, skin condition, smoking, alcohol, environmental exposure, among others.

Client Initials \_\_\_\_\_

I understand that photos may be taken for my medical records.

Client Initials \_\_\_\_\_

I understand the nature and purpose of the Mixto Fractionated CO<sub>2</sub> laser treatment. I understand no guarantee can be given as to final results. I am aware my condition is of cosmetic concern and the decision to proceed is based solely on an expressed desire. I certify that I have read and fully understand the above information. I have had sufficient opportunity for discussion. All my questions have been addressed and answered to my satisfaction.

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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