

PATIENT INFORMED CONSENT FORM
FOR THE TREATMENT OF BENIGN PIGMENTED LESIONS WITH THE ENLIGHTEN SYSTEM

I hereby authorize Dr. _____ or _____, under Dr. _____'s supervision to perform pigmented lesion treatment on me. I understand that this procedure treats pigmented lesions, age spots, and sun spots by targeting melanin with a laser. I understand I may not experience complete clearance, and that it may take multiple treatments. Some conditions may not respond at all and, in rare cases, may become worse.

The procedure may result in the following adverse experiences or risks:

- DISCOMFORT – Mild discomfort is typical during the treatment of benign pigmented lesions. Topical and local anesthetic options may be available if required.
- PURPURA – The area may appear to be bruised after treatment. The bruising will typically fade in 5-7 days.
- BLISTERS/SCABS/CRUSTING – These may occur and usually take 4-10 days to heal.
- PETECHIAE OR PINPOINT BLEEDING – Pinpoint bleeding is uncommon during treatment of benign pigmented lesions but may develop and will typically resolve within a few hours post-treatment.
- HYPER/HYPOPIGMENTATION – Skin can develop temporary lightening or darkening after laser treatment. Hyperpigmentation can be worsened with sun exposure. Hypopigmentation usually occurs after multiple treatments. Pigmentary issues typically resolve with time but can be permanent.
- TEXTURE CHANGES – Transient texture changes are often noted but usually resolve with time.
- EDEMA AND ERYTHEMA – Swelling and redness often occur, but will subside in 2-5 days and can be reduced with regular ice application.
- INFECTION – Despite good wound care, pain, swelling, oozing, and fever can indicate the development of an infection. Topical and/or oral antibiotics may be necessary. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office ___(Phone number)_____.
- SCARRING – Scarring is a rare occurrence, but it is a possibility if the skin's surface is disrupted. To minimize the chances of scarring, it is important that patients follow all post-treatment instructions. Good post-treatment care can help reduce the possibility of scarring.
- PERSISTENCE OF PIGMENTED LESION – Multiple treatments are common, and complete clearing is not always possible.
- DARKENING OF LESIONS – Lesions will darken post-treatment and will slough 5-21 days post-treatment.
- SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING - May increase risk of side effects and adverse events.
- EYE EXPOSURE – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatments such as liquid nitrogen, topicals, or excision
- Reasonably anticipated health consequences if the procedure is not performed
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. _____ and staff informed should I become pregnant during the course of treatment.

Photographic documentation will be taken. I hereby do ___ /do not ___ authorize the use of my photographs for teaching purposes.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR LIGHT BASED TREATMENT OF MY PIGMENTED LESIONS, AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY MY HEALTHCARE TEAM.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date