

# Kelliwood Family Practice

## ABOUT FACE ~ AND BODY

### Laser Therapy General Consent

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#### **Patient General Consent Form**

With all the options in laser care today, we are pleased that you have selected the service of Kelliwood Family Practice. We are certain you will find that our standards and personalized patient care rank among the best in the industry. Please review the following information regarding your treatment. Remember that our staff is more than happy to answer any questions that you may have. Finally, it is our pleasure to welcome you to Kelliwood Family Practice.

#### **Notice of Confidentiality**

I understand that Kelliwood Family Practice will retain my treatment record for a full 3 years after treatments cease. During this time all personnel at Kelliwood Family Practice including the physicians, physician assistants and medical assistants will have complete access to my record. However, no third party shall receive copies of my record without my specific written consent. Only under appropriate medical review may any information regarding my treatment be released and studied to further ensure the efficacy and safety values of Kelliwood Family Practice. I understand that Kelliwood Family Practice may ask to photograph the area being treated to document and track results. Kelliwood Family Practice will always use the utmost discretion while taking such photographs and will never release them without my full knowledge and expressed written consent.

#### **Medical History Disclosure**

Kelliwood Family Practice wants to provide me the utmost level of care, thus, I am aware of the importance in disclosing my complete, personal medical history. I will notify Kelliwood Family Practice of changes in my healthcare as they occur during my treatment process. In addition, I will also inform Kelliwood Family Practice of all medications that I currently take, this includes but is not limited to: prescription and over the counter drugs, herbs, supplements, vitamins and birth control. Any failure to do so on my part may result in an increase in the likelihood of side effects or complications post treatment.

(continued on reverse)

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**Possible Risks and Side effects**

I am completely aware of and have no further questions regarding, possible side effects and risks associated with my treatment. I understand that these include but are not limited to; pain, scarring, bruising, swelling, redness, purpura, blistering, hyperpigmentation and hypopigmentation. I understand that treatments are typically sold in packages to achieve maximum results and that a single treatment may not provide a desired effect. Furthermore, I understand that individual results may vary according to the following factors; skin type, area of body being treated, natural hair color, post treatment care, follow-up care and tanning by sun-exposure or self tanning products. I will minimize these risks by adhering to the post treatment care instructions given to me by the staff at Kelliwood Family Practice.

**Continued Consent**

I understand that this signed consent form shall remain effective through my continuity of care on behalf of Kelliwood Family Practice. This is in regard to the treatment that I shall receive today and any future treatments or services rendered to me by Kelliwood Family Practice.

My signature below attests to the fact that I fully understand and accept all of the above information. I have had answered any questions pertaining to such. I certify that I am at least 18 years of age.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Kelliwood Family Practice Aesthetics Financial Policy

Thank you for selecting Kelliwood Family Practice for your aesthetic needs. Please take a moment to review our financial policy.

Aesthetic payments are due at the time of service. All package payments are due prior to your first treatment for discounts to apply. Aesthetic services are non-refundable and non-transferable. For your convenience, we accept American Express, MasterCard, Visa, cash, or personal check. In the event your personal check is returned unpaid by your financial institution a fee of \$35.00 will be assessed.

Our office will work diligently with you to schedule your treatments for mutually convenient times. We strive to ensure all our patients are given the attention and care they deserve. With that in mind, we have instituted a cancellation policy to reduce missed appointments. Our office adheres to a 24 notice policy for all appointment cancellations. If proper notice is not provided, the missed appointment will be considered a provided treatment and will reduce your aesthetic package by one treatment per missed appointment. If you have any questions regarding our financial policy, please feel free to consult Ms. Martinez at 281-398-4222. We appreciate your cooperation and thank you for selecting Kelliwood Family Practice for your aesthetic needs.  
I have read and agree to the terms outlines above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Laser Treatment is contraindicated in the following conditions:

- Current history of cancer, especially malignant melanoma, recurrent non-melanoma skin cancer or dysplastic nevi.
- Any active infection.
- Systemic Lupus Erythematosus or Porphyria.
- Use of photosensitive medication and/or herbs that cause sensitivity to 400-1200nm light exposure, such as Sulfa drugs, tetracycline, or St. John's Wort.
- Connective tissue diseases or immunosuppressive diseases, including AIDS and HIV infections or the use of immunosuppressive medications.
- Untreated hormonal or endocrine disorders, such as polycystic ovarian syndrome, pituitary disorders, or diabetes.
- History of bleeding disorders or use of anticoagulants (blood thinners).
- History of keloid scarring (abnormal or pronounced scarring).
- Broken skin in the treatment area.
- Extremely dry skin.
- Recently sun tanned or artificially tanned skin. "Tanning cells" must be dormant for 4 weeks before treatments. Even "Sunless" tanning lotions must be discontinued 2 weeks prior to treatments.
- Pregnant or nursing.
- Use of Accutane or for 6 months after discontinuing Accutane.
- Retin-A, Renova, Tazorac, Avita (tretinoin products) are not advised prior to treatments, unless the skin has already developed a tolerance to these agents.
- Recurrent herpes simplex in the treatment area. However, the risk of outbreaks can be suppressed with anti-viral medications prior to treatments.

I have read the above list of contraindications and have discussed these risks with my practitioner.

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Patient Signature

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Date

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Practitioner



**Photography Release Form**

During my course of treatment with Kelliwood Family Practice, photographs have been taken. I understand that by signing this document I give permission to Aesthera Corp., and/or any of its affiliates, and to others including physicians to copyright and/or use these photographs in their marketing and promotional efforts as well as possibly for educational purposes. The photographs or accompanying material will not contain my name or any other personal identifying information, but may contain images that would give away my identity.

Before signing this document, I have considered this decision carefully, I understand my decision is voluntary and that I am not required to grant the permission described herein and I do give permission for my photographs to be used by the doctor, Aesthera Corp. and/or any of its affiliates or others, including physicians for the following purposes indicated (with a check mark) unless I notify the doctor and Aesthera Corp. in writing that my photographs are not to be used for these purposes prior to their being released for the indicated uses. I have the opportunity, at my request, to review any photographs that will be used.

- teaching, including, but not limited to publication in medical literature and presentation at scientific meetings.
- training including, but not limited to publication in teaching guides or training materials for clinical training workshops.
- product advertising, including, but not limited to product brochures, presentation at tradeshow.
- other advertising, including, but not limited to posting on Internet websites or other media outlets
- advertising, promotion and patient education on behalf of our customers, including but not limited to posters, posting on Internet websites or other media outlets, patient brochures, clinical case books

Name of Patient \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient \_\_\_\_\_

Name of Witness \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_

# Kelliwood Family Practice Skin Typing Evaluation Form

Score	0	1	2	3	4
What color are your eyes?	light blue, grey, green	Blue, grey or green	blue	dark brown	Brownish black
What is the natural color of your hair?	Sandy red	blonde	Chestnut/dark blonde	Dark brown	black
What is the color of your skin? (non-exposed areas)	reddish	very pale	Pale with beige tint	Light brown	Dark brown
Do you have freckles on unexposed areas?	many	several	few	incidental	none

Total for genetic disposition =

Score	0	1	2	3	4
What happens when you stay too long in the sun?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never burns
To what degree do you turn brown?	Rarely or never	Light color tan	Reasonable tan	Tans very easily	Always turns dark brown
Do you turn dark brown within several hours of sun exposure?	never	seldom	sometimes	often	always
How does your face respond to the sun exposure?	Very sensitive	sensitive	normal	Very resistant	Never had any problem

Total for response to sun exposure =

Score	0	1	2	3	4
When did you last expose your face/body to sun? (include artificial exposure)	More than 3 months ago	2-3 months ago	1-2months ago	Less than 1 month ago	Less than 2 weeks ago
Did you expose the area to be treated to sun?	Never	Hardly ever	sometimes	Often	always

Total for tanning habits =

### Summary

	Total for genetic disposition
	Total for response to sun
	Total for tanning habits
	<b>Skin type</b>

### Your skin type

Skin type score	Fitzpatrick skin type
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

# Kelliwood Family Practice

## ABOUT FACE...AND BODY

### SKIN REJUVENATION POST TREATMENT INSTRUCTIONS

Thank you for choosing Kelliwood Family Practice. In our ongoing efforts to provide you with the best possible service, we ask that you carefully follow these skin rejuvenation post-treatment instructions. If you have any questions about these instructions, please discuss them with us prior to treatment. To obtain the maximum benefit from your skin rejuvenation treatments, it is crucial that you understand and adhere to these instructions. Failure to comply with these instructions may affect your treatment outcome and increase the likelihood or severity of complications. We are confident that if you follow these instructions, you will be exceptionally pleased with the results of your treatments.

1. You may have a mild sunburn (burning) sensation following treatment that is usually gone within a few hours. Skin redness is normal and may last a few days. There may be a slight amount of swelling. Crusting or blistering is uncommon and not serious. Pigmented areas may begin to flake after a few days.
2. Cold compress (not ice) and aloe vera type products may be useful. You may take over-the-counter pain or anti-inflammatory medication. Hydrocortisone (steroid) cream may decrease any itching or skin irritation. Antibiotic ointment (such as Neosporin) may be used, if desired.
3. Your skin will be fragile for 2-3 days. Use gentle cleansers, do not rub the skin and avoid hot water during this time.
4. Skin moisturizers may be used immediately and makeup can be applied if the skin is not broken.
5. Avoid the sun and use sun block (SPF 45 or greater) for the next 4 weeks. Do not use any other chemicals or medications on the treated area for one week.
6. The treatment area may be left open and uncovered with no bandage or special dressing needed. Do not scrub or exfoliate the treatment area. Do not use any other chemicals or medications on the treated area for one week.
7. Please call as soon as possible if you experience any blistering or scabbing. Contact us if you are concerned about infection, as antibiotics may be necessary. If any pigment changes are bothersome or persist beyond 4 weeks, please discuss this with us.

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### SKIN REJUVENATION PRE-TREATMENT INSTRUCTIONS

Thank you for choosing Kelliwood Family Practice. In our ongoing efforts to provide you with the best possible service, we ask that you carefully review these Skin Rejuvenation Pre-Treatment instructions. If you have any questions about these instructions or require any clarification, please let us know. To obtain the maximum benefit from your skin rejuvenation treatment, it is crucial that you understand and adhere to these instructions. Failure to comply with these instructions may affect your treatment outcome and increase the likelihood or severity of complications. We are confident that if you follow these instructions, you will be exceptionally pleased with the results of your treatments.

1. Please follow all guidelines set forth in the Skin Rejuvenation consent form. Discuss your medical history, medications, allergies, skin typing and any tendency for scarring or poor healing with your Skin Rejuvenation operator. Pay particular attention to the limitations and cautions sections.
2. Avoid sun tanning or tanning creams for at least 4 weeks prior to treatments. This will also be required after treatments.
3. Avoid Accutane (or products containing tretinoin) for 2 weeks prior to treatment. Do not use glycolic acid or other alpha hydroxyl acid products for 1 week prior to treatment. These medications and products increase your photosensitivity, which can significantly increase the likelihood of complications.
4. Avoid the use of aspirin, ibuprofen and other anti-inflammatory or blood thinning medications at least 3 days prior to treatment, as these will increase the likelihood of bruising.
5. Do not have any open sores or skin infections in the treatment area.
6. For treatment of pigmented skin lesions, you should consult a specialist if there is a family or personal history of skin cancer or if you have these concerns.