

ELEVATED IMAGE

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INFORMED CONSENT FOR LASER TREATMENT

Thulium (1927 nm) & Erbium Glass (1550 nm) Fractional Non-Ablative Resurfacing

Patient name		Date of birth	
Date of treatment		Treatment area(s)	
Fitzpatrick skin type (I-VI)		Provider	Joshua Le, DO

1. Treatment Description

The Thulium (1927 nm) and Erbium Glass (1550 nm) lasers are advanced fractional, non-ablative technologies designed to improve skin texture, tone, pigmentation, fine lines, and scarring. The Thulium laser primarily targets the superficial layers of the skin to clear pigmentation, refine pores, and create a smooth texture. The Erbium Glass laser penetrates deeper into the dermis to heat tissue and stimulate deep collagen production, providing structural remodeling and volume without removing the surface layer of the skin. Treatment settings are individualized and may be adjusted at the provider's discretion based on your skin type and response.

2. Expected Outcomes & Timeline

- Thulium (1927 nm):** You may experience a "bronzing" effect where the skin feels rough, like fine sandpaper (Microscopic Epidermal Necrotic Debris). This layer naturally sloughs off over 3 to 7 days, revealing smoother, brighter skin.
- Erbium Glass (1550 nm):** Deep tissue heating can cause significant swelling and puffiness for 2 to 5 days. Because this laser stimulates your body's natural collagen, optimal tightening and structural results develop gradually over 3 to 6 months.
- Series required:** Because these lasers are non-ablative, multiple sessions (typically 3 to 5 treatments spaced ~4 weeks apart) are necessary to achieve optimal, long-lasting results. Individual results vary and cannot be guaranteed.

3. Alternatives to Treatment

Reasonable alternatives have been discussed with me and include: no treatment; topical skincare (e.g., retinoids, brightening agents); chemical peels; microneedling or radiofrequency microneedling; intense pulsed light (IPL); ablative laser resurfacing; and other energy-based devices. Each alternative has its own benefits, risks, downtime, and cost.

4. Medical History & Contraindication Screening

Please answer honestly. Any "Yes" may require clearance, delay, or make you ineligible for treatment. Notify your provider if any answer changes before your session.

Are you pregnant, trying to conceive, or breastfeeding?	Yes ☐ No ☐
Have you used isotretinoin (Accutane) in the past 6-12 months?	Yes ☐ No ☐
Do you have a history of cold sores / herpes simplex (HSV) in or near the treatment area?	Yes ☐ No ☐
Any active infection, open lesion, sunburn, or inflamed skin in the treatment area?	Yes ☐ No ☐
History of keloid or hypertrophic (raised) scarring?	Yes ☐ No ☐
Recent sun exposure, tanning bed, or self-tanner within the past 2 weeks?	Yes ☐ No ☐
History of melasma or post-inflammatory hyperpigmentation?	Yes ☐ No ☐

Are you taking photosensitizing medications (e.g., certain antibiotics, retinoids, St. John's Wort)?	Yes ☐ No ☐
Any autoimmune condition, immunosuppression, or use of immunosuppressive drugs?	Yes ☐ No ☐
Recent injectables (neurotoxin/filler), microneedling, peels, or facial surgery in the area (past 2 weeks)?	Yes ☐ No ☐
Permanent makeup, tattoo, or metallic implants in the treatment area?	Yes ☐ No ☐
History of a light-triggered seizure disorder?	Yes ☐ No ☐

List any medications, supplements, allergies, or medical conditions not noted above:

5. Potential Risks and Side Effects

While these treatments are generally safe, potential risks and side effects include, but are not limited to:

- **Discomfort & swelling:** Deep heating sensations and significant swelling (edema), especially with Erbium Glass.
- **Redness (erythema):** Sunburn-like redness lasting days to a few weeks depending on treatment intensity; occasionally prolonged.
- **Hyperpigmentation (PIH) & hypopigmentation:** Temporary darkening or, less commonly, lightening of the skin. Risk is higher in darker skin types (Fitzpatrick IV–VI). Strict sun avoidance is mandatory.
- **Worsening of melasma:** Heat-based treatment can occasionally worsen or trigger melasma.
- **Blistering, burns, crusting, or textural change:** Uncommon but possible, particularly with aggressive settings or poor aftercare.
- **Acne flare, milia, or folliculitis:** Temporary breakouts as the skin purges, since the barrier remains intact and heat is trapped below the surface.
- **Infection:** Bacterial, fungal, or viral (cold sore / HSV) infection is rare; antiviral prophylaxis may be prescribed if you have a cold-sore history.
- **Scarring:** Extremely rare; risk increases with picking, poor aftercare, or infection.
- **Eye injury:** Risk of ocular injury if protective eyewear is removed; eye shields/goggles are worn at all times during treatment.
- **Incomplete or no response:** Results vary; you may need more sessions than estimated, and some concerns may not fully resolve. Maintenance treatments may be required over time.

6. Pre- & Post-Treatment Care and Eye Safety

- I have received and agree to follow all pre- and post-treatment instructions, including strict avoidance of unprotected sun exposure and daily broad-spectrum SPF.
- I will not pick, scratch, or exfoliate treated skin, and I will use only products approved by the clinic during healing.
- If prescribed antiviral or other prophylactic medication, I will take it as directed.
- I understand protective eyewear will be worn during treatment and I will keep it in place.
- I will report any signs of infection, blistering, or unexpected reaction to the clinic promptly.

7. Photography & Records

I consent to clinical photographs/video before, during, and after treatment for my medical record, treatment planning, and evaluation of results. Any use beyond my record (education, training, marketing) will occur only with my separate written authorization.

8. Financial Acknowledgment

I understand this is an elective cosmetic treatment not covered by insurance. I am responsible for all fees, including any additional or maintenance sessions. Package and prepaid session terms, including any non-refundable amounts, have been disclosed to me by the clinic.

9. Patient Acknowledgments

- I understand the nature of the procedure, the expected downtime, and the alternative treatments available to me, including no treatment.
- I understand medicine is not an exact science and no guarantee has been made regarding the outcome or the exact number of treatments required.

- The information I have provided in the screening above is true and complete to the best of my knowledge.
- I am not pregnant or breastfeeding, or I have disclosed this to my provider (if applicable).
- I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.
- I understand I may withdraw my consent and stop treatment at any time.

10. Consent to Treat

By signing below, I acknowledge that I have read and fully understand this consent form, that all my questions have been answered to my satisfaction, and I hereby consent to receive Thulium (1927 nm) and/or Erbium Glass (1550 nm) fractional laser treatment(s) at Elevated Image.

Patient name (printed)

Date

Patient signature

Date

Provider signature (Joshua Le, DO)

Date

