

declaration of consent to the laser removal of vascular lesions

I, the undersigned _____ declare that I have received detailed information during my talk with the Consultant _____ about the method, implications and effects connected with the laser treatment which has been offered to me for the removal of pigmented lesions.

I declare that I am aware that the removal of vascular lesions is a procedure which entails the use of a laser and I have been informed of the discomfort which could arise during laser treatment.

I am aware of the possibility of the onset of some side effects, such as scars or a permanent discoloration of the area, or of transitory effects such as reddening, blistering or a burning sensation.

I have also been informed of the fact that scabbing and depression of the treated area may occur and remain up to 3 weeks before disappearing, and that once these complications have been resolved, the treated area may be sensitive to sunlight for another two to four weeks (in some patients even longer).

I am aware that during the healing process, there is a remote possibility that the treated area may become darker (hyper-pigmentation) or lighter in colour (hypo-pigmentation) and that, in the case of tanned skin, the surrounding area could become a lighter colour. This is usually a temporary situation and only in extremely rare cases may become permanent.

I have also been informed of the importance of strictly following the directions for after treatment.

PATIENT'S SIGNATURE _____

CONSULTANT'S SIGNATURE _____

I am aware that exposure to the sun, the use of sun-beds, cream without a protective factor and self-tanning creams should be avoided up to 4 weeks after laser treatment to prevent the risk of changes in pigmentation or the appearance of blisters. A factor 30 or above sunscreen should be applied for the entire duration of treatment.

PATIENT'S SIGNATURE _____

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I declare that I am aware that the removal of vascular lesions is a procedure which entails use of a laser to coagulate the blood vessels and that small bruises could remain for up to 6 months.

I declare that I am aware that the results of the treatment could be minimal or entirely fail to resolve the situation.

I understand that the reaction of each individual is different and that several treatments may be required in order to achieve the desired results.

I am aware that once I have started my treatment programme I will not be refunded for the monies paid.

I declare that I have received detailed directions to be followed after treatment and that I have understood the importance of observing the same.

The Consultant _____ has explained the nature or purpose of the removal of the vascular lesions, including all possible risks and complications and has discussed the contents of this "consent form" with me.

Having been adequately informed and aware therefore of the risks and benefits which the treatment may entail, of the side effects which may derive from it and of the possible alternatives to it, I therefore give my express authorisation to carry out laser treatment for the removal of vascular lesions on my person.

PATIENT'S SIGNATURE _____

SIGNATURE OF THE CONSULTANT WHO HAS INFORMED THE PATIENT

DATE _____