THE ESTHETIC LASER CLINIC
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PLEASE FILL OUT COMPLETELY

CONSENT FORM FOR SUBLATIVE REJUVENATION

CLIENT NAME		DATE	
D.O.BOCC	CUPATION		
НОМЕ			
ADDRESS			
HOME NUMBER	WORK NUMBER	CELL NUMBER	
MAY WE LEAVE A MESSA	AGE WITH SOMEONE? Y OR N		
EMAIL ADDRESS			_
WOULD YOU LIKE THE CO	ONFIRMATION OF APPOINTMENTS SI	ENT BY EMAIL? Y OR N	
EMERGENCY CONTACT -	NAME & NUMBER		_
PRIMARY CARE PHYSICA	N – NAME & NUMBER		-
HOW DID YOU HEAR ABO	OUT US		
I, Sublative Rejuvenation t	authorizereatment.		to perform
	ublative Rejuvenation is used for esthing, of which I am consenting to be a p		
	inical results may vary depending on ype, patient compliance with pre and eatment.		

I understand that there is a possibility of short – term effects such as reddening, swelling, scab formation, temporary discoloration of the skin, as well as the possibility of rare side effects such as burn, scarring, and permanent discoloration.
I understand that treatment with Sublative Rejuvenation involves a series of treatments and the fee structure has been explained to me.
I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.
I confirm that I have informed my esthetician regarding any current or past medical condition, disease or medication taken, as well as my past and planned exposure to sun, tanning beds, or tanning creams.
I consent to the taking of photographs and authorizes their anonymous use for the purposes of medical audit, education and promotion.
I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.
SIGNATURE / DATE

PRE-TREATMENT FOR E-MATRIX

- 1) Patients should avoid skin irritation or intentional skin tanning. Sunscreen **IS** required when outside during daylight hours.
- 2) Patients should discontinue any irritant topical agents for 2 3 days prior to treatment.
- 3) Patients should arrive for the treatment with clean skin. There should be no lotion, make up, perfume, powder or bath/shower oil present on the skin in the area to be treated.
- 4) Shave any hair in the treatment area.

POST TREATMENT FOR E-MATRIX

- 1) Swelling of the skin, as well as heat or tingling sensations may occur up to a few hours after the treatment, but normally do not last longer.
- 2) Tiny scabs of less than 1 mm diameter will usually form 24 72 hours post treatment and may remain for several days. The scabs should not be touched or scratched even if the itch, and should be allowed to shed off naturally.
- 3) Post treatment emollient cream may be applied to the treatment area.
- 4) During the first two days following treatment, care should be taken to prevent trauma to the treated site, avoid hot baths, massages, sauna, working out, etc. The skin should be kept clean to avoid contamination or infection.
- 5) Moisturizer should be applied regularly throughout the course of the treatment. Make up may be applied only 12 hours after each treatment if desired, unless an unwanted reaction occurs in the area. Generally 24 hours after treatment, patients may use regular soaps, **NOT** scrub soaps or exfoliants.
- 6) The patient should use a high factor sunscreen (at least 30 SPF) and protect the treated area from sunlight for at least one month after treatment. Tanning of any sort (sun exposure, tanning beds, even tanning lotions) is not allowed in the treated areas during the entire course of the treatment. Tanning after treatment may cause hyperpigmentation.