

West Georgia Laser Center  
Consent  
For Treatment with the Titan Laser

Name: \_\_\_\_\_ Attending Physician \_\_\_\_\_

I hereby authorize and direct any associates of West Georgia Laser Aesthetics Center to treat me with the Titan device. I understand this procedure works by creating a thermal response in the skin. There is little or no downtime associated with this treatment. It is possible the result will be minimal or not help at all.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, scarring, crusting, re-growth of hair, and/or blistering.
- Post treatment instructions.

I am aware of the following possible experiences/risk with Laser Surgery:

- DISCOMFORT: Some discomfort may be experienced during laser treatment
- WOUNDS: Treatment can result in burning, swelling, bruising, blistering or bleeding of the treated areas, which may require one to three weeks to heal. As with any injury to the skin, there is a potential for poor wound healing.
- INFECTION: infection is a rare possibility whenever a skin procedure is performed, though proper wound care should prevent this. If blistering or signs of infection develop, such as a pain, heat or surrounding redness, please call our office at 770-834-2470.
- BRUISING/SWELLING: Bruising (purpura) of the treated area may occur. Additionally, there may be some swelling (edema) noted.
- PIGMENT CHANGES (Skin Color): During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.
- SCARRING: Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- EYE EXPOSURE: Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure.

ACKNOWLEDGEMENT

I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON REFUNDABLE.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER HAIR REMOVAL TREATMENT AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

\_\_\_\_\_  
Signature-Patient or Guardian

\_\_\_\_\_  
Print Name/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Witness/Representative

\_\_\_\_\_  
Print Name/Relationship

\_\_\_\_\_  
Date