

LASER TREATMENT CONSENT FORM

Name: _____ Phone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

PLEASE READ CAREFULLY THE AUTHORISATION STATEMENT BELOW AND COMPLETE

I, (patient) _____ hereby authorise

Dr Chris Dimos Dr Lina Okada

to perform laser procedure(s) to address the following areas of concern:

PLEASE READ CAREFULLY THE ACKNOWLEDGEMENT LINES BELOW AND EACH ONE

- I understand that there may be some degree of discomfort during treatment and after treatment, including common skin reactions such as inflammation (redness) and swelling with having this treatment/procedure.
- I understand that with some treatments I may experience, prolonged redness, sensitivity, scabbing and if prone to herpes may experience a stimulation of the virus attack.
- I understand that I cannot have another laser, IPL or RF treatment within 21 days of this treatment on the same area, whether the treatment is performed at this clinic location or any other clinic location.
- I understand that to achieve maximum results, I will need several treatments. Different individuals may respond differently to laser treatment. The number of treatments may exceed the anticipated total and may attract additional professional service fees.
- I understand that although complications are very rare, sometimes an unexpected outcome may occur and that prompt treatment is necessary. In the event of any unexpected outcome, I will immediately contact the doctor/technician who performed the treatment.

DIMOS DENTAL

& FACIAL AESTHETICS



- I have disclosed to the treatment practitioner all information that has been requested and agree to have this treatment performed on me.
- I agree to have my photo taken before the treatment and I understand that I may be asked to return for a second photo after my skin has healed.
- I acknowledge that I have read and received a Post Op Care Sheet and further agree to follow all post procedure care instructions as I am directed.
- I release management and staff of 'Dimos Dental & Facial Aesthetics' from any and all liability associated with any injuries and or current or future conditions resulting from the skin care procedures or products.
- I consent to the use of my before, during and after photographs for education, promotion or advertising purposes with / without the exclusion of showing my full-face identity.

Phone: 9654 6667

After hours phone: Dr Chris Dimos 0412 555 504

Dr Lina Okada 0413 567 177

CLIENT SIGNATURE: _____ DATE: _____

PRACTITIONER SIGNATURE: _____ DATE: _____