



*all about aesthetics, pc*  
Deborah Kessler Hudak, MD

**INFORMED CONSENT FORM**  
**Fractionated CO<sub>2</sub> Laser Resurfacing**

I understand that erythema (redness) and edema (swelling) are common immediate reactions from the fractionated CO<sub>2</sub> laser treatment process. These typically resolve within 2 weeks, but can last longer. There is a possibility of rare side effects such as blisters, hyper pigmentation, hypo pigmentation, infection, or scarring may occur. I may also feel a warming sensation of the skin during treatment. This is a temporary condition and I understand that each person's discomfort level may vary. \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

I understand that 1-3 treatments are required for the fractionated CO<sub>2</sub> laser to be most effective. I understand that it is important to follow the recommended maintenance schedule for future treatments to keep the best possible results. I also realize that each individual's treatment response may be different; therefore, the number of treatments may vary to achieve desired results. \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

I understand sun exposure, tanning beds, sunless tanning lotions and tanning creams can cause discoloration or a reaction prior to or during the course of laser treatments. A broad spectrum (UVA/UVB) sunscreen SPF 30 or greater should be applied to the area(s) to be treated whenever exposed to the sun. \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

I understand and agree that All About Aesthetics may choose to take photos of my treatment area for the purpose of monitoring my progress. \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

I understand that there is a 24-hour cancellation policy. I understand a **\$500.00 minimum fee** or half the treatment cost, whichever is greater, will be charged if I fail to show or do not cancel at least 24 hours prior to my scheduled appointment \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

I also understand that once I've started my treatment program there are no refunds. \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

Patients with opened wounds, malignant skin tumors and certain diseases, tattoos, or currently taking Accutane **cannot** be treated. \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

All About Aesthetics or an employee of All About Aesthetics has explained the nature and purpose of the fractionated CO<sub>2</sub> laser, including risks and possible complications, and has discussed the contents of this form with me. I have read and understand this consent form and I agree to its terms and authorize treatment. I further understand that All About Aesthetics cannot guarantee the results and I will not hold All About Aesthetics or their employees responsible for my individual results of the fractionated CO<sub>2</sub> laser that I have requested. \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial). I have received written post-op instructions and a post-laser recovery kit \_\_\_\_\_ (Patient initial) \_\_\_\_\_ (Dr/Tech initial).

Print Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if patient is under 18)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

8311 Bandford Way, Suite 103 Raleigh, NC 27615  
Phone: (919) 845-0333 Fax: (919) 845-0773