TRU ESSENCE SPA
An AccuHealth Company

Patient Name: **Date:** _____

Dermal Filler Consent

Has there been any change to your medical history, including new medications or other diagnoses? ☐ Yes ☐ No
Any recent sun exposure? ☐ Yes ☐ No If yes, specify _____

I duly authorize **TRU ESSENCE** and it's agents to use Fractional skin resurfacing or Clear & Brilliant Laser treatment and any post treatment requirements that may be necessary. I understand that these treatments are performed with a laser device designed for skin resurfacing, scar reduction, skin tightening and pigmentation management and that clinical results may vary in different skin types.

Clinical results may vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment. These effects have been fully explained to me.

The following problems may occur with any of the above laser treatments:

1. **There is a risk of scarring.**
2. **Hyper-pigmentation (browning)** and **Hypo-pigmentation** (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but **permanent scarring and color change are known risks**. The use of certain birth control pills/DepoProvera or conditions such as melasma increase this risk. Avoiding sun exposure before and after treatment reduces this risk. Pre- and Post-treatment with Hydroquinone can reduce this risk.
3. **Infection**: Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus reactivation can occur following treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no prior history of herpes simplex virus infections. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.
4. **Reactions**: Discomfort, redness, swelling, bruising, peeling, mild burning, bruising, blistering, scabs, bleeding, allergic reactions, changes to skin texture and unforeseen complications may all be experienced. **Significant acne breakouts are a known possibility**. Systemic reactions (which are more serious) may require prescription medicines. I understand that Avalon Laser will follow standard protocols to minimize these reactions.
5. I understand that exposure of my eyes to laser could harm my vision. I must keep the eye protection goggles on at all times.
6. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation. I understand that other medical and hormonal factors affect my response.
7. Use of many chemical peels, glycolic acid, herbal supplements, etc. 10 days before or after laser treatment can cause severe skin reactions and possible scarring.

- Treatment areas may be photographed at each visit and will be part of my medical record to help monitor the progress of treatment.

- My questions regarding the procedure have been answered satisfactory in full. I understand the procedure and accept its risks.

- I certify that I have not used Accutane, Tetracycline, Minocycline or similar products in the past 2 months.

- I understand that more than one treatment may be required for optimal or desired results. I also understand that results are not guaranteed.

- I understand that sun exposure or tanning within 2 weeks before or after CO2 laser treatment increases the risk of abnormal pigmentation, burns and adverse reactions.

- I hereby release Tru Essence. and all of its agents, and the facility named above, from any and all liabilities associated with the above procedure.

Signature: _____ **Date:**

Witness: _____ **Date:**