

# IMAGE PERFECT LASER

## Dermapen

### Consent and Release

Clinic: \_\_\_\_\_  
Patient's Name (PRINT): \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

To the patient:

It is important that you are informed about your skin condition and proposed treatment including the potential benefits and risks involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent to the treatment program.

I \_\_\_\_\_ of (address as above) have requested a Dermapen Treatment to attempt to improve my facial expression lines, scars, stretch marks, and or skin surface with the Dermapen Treatment.

The practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. I understand that several appointments may be necessary to complete the treatment.

Risks and side effects:

Side effects and complications are usually minimal. Occasionally you may experience erythema, bleeding, redness, temporary discoloration, dryness and or discomfort. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all.

I agree to indemnify, hold harmless, and release from any and all liability the service provider as well as any officers, directors, assigns, insurers, affiliates or employees of the provider for any condition, result, or negligence known or unknown that may arise as a consequence of any treatment that I receive. I certify that I have read, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this procedure today and for all subsequent treatments.

- We require **24 hours' notice** to either cancel or reschedule an appointment.
- **Less than 24 hours' notice will result in a \$50 charge or loss of a treatment if the treatment is part of a package.**

Patient's Signature: \_\_\_\_\_

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

Operator's Signature: \_\_\_\_\_

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

PLEASE TAKE THE TIME TO READ THIS CAREFULLY AND TO UNDERSTAND ANY ACCOMPANYING INFORMATION.