

Candela Onychomycosis Laser Consent

- _____ Photo-therapy, despite its high levels of safety and efficacy, is not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur and usually subsides within a few hours but can last for several days. Irritation, itching, and/or mild burning sensation similar to sunburn may occur within 48 hours of treatment
- _____ Pigmentary changes such as hyper- and/or hypo-pigmentation of the skin in the treated areas can occasionally occur. Usually it is transient, lasting up to 6 months, but in rare cases it can be permanent. Most cases of hypo- or hyper-pigmentation occur in people with darker skin or when the treated area has been exposed to sunlight before/after treatment. Occasionally these pigmentary changes occur despite appropriate protection from the sun
- _____ Scarring, which can be hypertrophic or even keloid is very rare but can occur. Other known complications of this procedure include blisters, reddening, pinpoint pitted scars, bruising, superficial crusting, burns, pain and infections. These side effects are usually temporary, lasting from 5-10 days but can be permanent as well
- _____ Lasers can treat most toenail fungus by penetrating the nail and destroying the fungus embedded in and under the nail plate The laser used for this treatment has no effect on skin or soft tissue. In clinical studies there have been no adverse reactions, injuries, disabilities or known side effects. As with any procedure there is some risk of side effects that are unknown. .
- _____ I understand that clinical results may vary in different patients. The clinical studies, done in 2010 reveal that over 68-80% of treated patients show significant nail improvement with one laser treatment.
- _____ Eye damage can occur from the light and therefore protective eyewear must be worn during all phototherapy sessions. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks.
- _____ I will notify my provider if I currently have or have had at one time a tattoo in the area being treated. I understand that not doing so may result in burns, blisters, discoloration and/or fading of the tattoo and/or skin
- _____ I have read and understand the Pre and Post Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention or scarring and other side effects and complications such as hyperpigmentation, hypopigmentation and other skin textural changes.
- _____ I understand that this exam is not meant to replace the necessity for a complete dermatological examination.
- _____ I give permission for photographs to be used to document my treatment course. Confidentiality will be maintained
- _____ No guarantee, warranty, or assurance has been made to me regarding the results that may be obtained. I am aware that follow up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. No refunds will be given for treatments received
- _____ I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. The nature and purpose of the treatments have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me. I understand that I have the right to refuse treatment.
- _____ I release Big Sky Dermatology, Medical staff, and specific providers from liability associated with this procedure. I certify that I am competent certify that I am competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

NOTE: All prices are subject to change without prior notice.

Printed Name _____ Signature _____ Date _____

Clinician Signature _____ Date _____