

# Consent to Laser Treatment (Template)

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Medical Record No.: \_\_\_\_\_

一、 It is recommended to provide the treatment after examination and diagnosis by physician \_\_\_\_\_ . (A brief explanation shall be added in case of any unclear medical terminology)

1. Reason for Recommended Treatment:

2. Name of Recommended Treatment:

二、 Statements of Physicians (tick items that have been explained to the patient) (we would like to ask the consenter to sign in the signing field with the mark of "#" after the physician for explanation has given necessary explanations)

1. Physician for Explanation:

(1) I have tried my best to explain the information relevant to the treatment in a way that the patient can understand, particularly involving the following items:

Reason for the Treatment  Possible consequence without the treatment

Alternatives to the treatment  I have delivered additional data for explanation of the treatment to the patient if any

(2) Questions of the Patient & Answers to the Questions:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Physician for Explanation:

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

Time: \_\_\_\_ (h) \_\_\_\_ (m)

#Consenter:

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

Time: \_\_\_\_ (h) \_\_\_\_ (m)

2. Physician for Implementation:

(1) I have tried my best to explain the information relevant to the treatment in a way that the patient can understand, particularly involving the following items:

Steps, scope, risk & success rate of the treatment  Complications and possible treatment

Expected temporary or permanent symptoms after accepting the treatment  I have delivered additional data for explanation of the treatment to the patient if any

(2) Questions of the Patient & Answers to the Questions:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Physician for Implementation:

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

Time: \_\_\_\_ (h) \_\_\_\_ (m)

三、 Statement of the Patient (we would like to ask the consenter to sign in the signing field with the mark of "◎" after the physician for implementation has given necessary explanations. Fields marked with ※ must be filled in advance)

1. The physician has explained to me and made me fully understand the information relevant to necessity, steps, risk and success rate of the treatment.

2. The physician has explained to me and made me fully understand the risks of other alternative treatments.

3. The physician has explained to me and made me fully understand the possible prognosis of the

treatment and the risk of not implementing the treatment.

4. I have put up my questions and doubts regarding my condition and implementation and method of the treatment etc. and received replies.
5. I understand in case it is necessary to incise a tissue during the treatment, the tissue may be kept for a period of time in the hospital for the purpose of treatment and report and the tissue will be disposed discreetly as per relevant laws and regulations by the hospital.
6. I understand the treatment may be the most appropriate option at present but it cannot be ensured that the treatment would improve my condition definitely.

©Based on the statement foregoing, I agree disagree to accept the treatment.

Signature of the Consenter: \_\_\_\_\_

Relation with the Patient: \_\_\_\_\_

Tel: (0 ) \_\_\_\_\_

Address: \_\_\_\_\_

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

Time: \_\_\_\_ (h) \_\_\_\_ (m)

Note 1. The patient shall sign the field of "Signature of the Consenter" and note "Patient" in the field of "Relation with the Patient" personally; but if the patient is under the age of 20 or unable to sign in the field personally, the patient's legal agent, couple, relative or related person shall sign the Consent and note the relation in the field of "Relation with the Patient".

Note 2. In the event that an invasive examination, treatment or procedure which have been implemented for the patient by the medical institution needs to be implemented again for the same patient; relevant physicians must explain it to the patient again and sign on a new consent with the patient.

# Description of Laser Treatment (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of the laser treatment, possible problems during recovery and possible consequences without implementing the treatment, which can be used as reference for discussions between patients and physicians. Please discuss with your physician if you still have any doubt after the physician gives his/her explanation before you sign on the consent.

## **I 、 Patient's Conditions:**

1. Laser is collimated rays with specific wavelengths. According to the principles of selective photothermolysis, lasers of different wavelengths can be used to affect chromophore of the subject matter or fractional photothermolysis may be used to heat and destroy epidermis and the dermis with uniform, dispersed and tiny laser beams for the purpose of stimulating regeneration reaction of skin.
2. Clinically laser is applied in the treatment for pigment spots, scars and skin vascular diseases etc..

## **II 、 Purpose & Benefit:**

1. For treating pigmented lesions including freckles, age pigments, mole, nevus, nevus of Ota and tattoo.
2. Vascular lesions such as micro vascular hyperplasia, rosacea, hemangioma and scar etc..
3. Other purposes include: hair removal or tattoo removal etc..

**III 、 Method:** laser beams are used to treat skin lesions accurately.

## **IV 、 Expected Benefits:**

1. Pigmented lesions : the treatment effect varies depending on the extent and depth of pigmented lesions. Pigment spots in the superficial layer of skin may be removed by once or several times of treatment; but the deeper pigment spots usually need many times of treatment to remove.
2. Vascular lesions :lasers are used to contract or destroy the expanded vascular lesions. Treatment effect varies depending on site, depth and feature of vascular lesions.
3. Hair removal: as laser only has a destructive effect on hair follicles in the growing season; a single time of treatment can only remove 1/3 to 1/4 of hairs; so multiple laser treatments are needed to remove hairs completely.
4. The effect and recovery period of tattoo removal with laser vary due to different recovery capabilities of individual skins.

## **V 、 Possible Complications, Probability of Sequelae and Treatments (including but not limited to the following):**

1. Redness of skin may recover in a short period of time after being treated with laser.
2. The patient may feel burning at treated sites and the open wound may bleed slightly. Slight swelling is a normal reaction. And scab on the face will fall off in about 5-7 days.
3. A few patients may suffer from burn, hematoma, bleeding or herpes at wound (0.3 - 2%) or bacterial infection (0.5 - 4.5%).
4. Pigmentation (10-32%) may occur after the treatment and it may disappear if the patient provides proper cares to his/her skin and avoid the sites treated exposing to sunlight. Reduction of pigment (1 - 20%) may occur and disappear in a short time for most of the patients.

## **VI 、 Alternatives:**

1. Pigmented lesions: topical drugs, surgical resection and ablation therapy etc.
2. Vascular lesions : oral drugs may control part of skin with rosacea and some vascular tumor lesions

can be treated with surgery.

**VII 、 Risk without Medical Procedure:**

Although this treatment is a medical procedure focusing on appearance; it is possible that part of pigmented lesions turn to malignant lesions and some vascular lesions may also expand, bleed or form ulcers etc. without the treatment.

**VIII 、 Possible problems during postoperative recovery period:**

1. Due to local anesthesia and irradiation, the treated site may swell in several hours or days after the treatment.
2. Generally the treated site may have effusion outflowing or skin bruise, which can disappear in about 1 to 2 weeks. And some scabs may form subsequently. Do not scrape them and let them fall off naturally as such approach is more beneficial to the skin.
3. The treated site may present crimson after scabs fall off, which doesn't mean the treatment is ineffective. And the color of treated site will begin to fade in two months or half year after the treatment and the whole process may last for about 1 year.

**IX 、 Supplementary Description:**

1. The patient should inform her physician if she meets any one of the following conditions:
  - 1) Likely to suffer from blood coagulation dysfunction.
  - 2) Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis
  - 3) Likely to suffer from scar hyperplasia
  - 4) Taking medicines that may affect blood coagulation such as Aspirin, Vitamin E and Warfarin etc.
  - 5) Allergic to some drug
  - 6) Having ever accepted a surgery before
2. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; it would be better for a smoker to quit smoking for one month prior to accepting such surgery.
3. The patient who is taking any anticoagulant drug should discuss with your physician about the feasibility of stopping taking such drug for 1 - 2 weeks since such drug may cause a disturbance of blood coagulation and affect wound healing.
4. Existing surgical expense is limited to existing surgery and for any further surgery or subsequent treatment, the expense will be calculated separately.

**X 、 Literatures:**

- 1) Fitzpatrick's dermatology in general medicine. 8th ed. 2012.
- 2) Botulinum Toxin: Procedures in Cosmetic Dermatology Series. 3rd ed. 2012.
- 3) A Practical Guide to Botulinum Toxin Procedures (Cosmetic Procedures). 1st ed. 2011.
- 4) Metelitsa AI, Alster TS. Fractionated laser skin resurfacing treatment complications: a review. Dermatol Surg 2010;36:299-306.

**XI 、 Questions from the Patient and Her Family:**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Patient (or Family/ Legal Representative): \_\_\_\_\_ (Signature & Seal)

I have understood the description stated above and agree to accept the laser treatment (please sign on the Consent to Laser

Treatment).

- I have understood the description stated above and disagree to accept the laser treatment.

Relation with the Patient: \_\_\_\_\_ (Required)

Physician for Explanation: \_\_\_\_\_ (Signature & Seal)

Date & Time: