

Jeri Shuster, M.D., P.A.
and Women's Center, Inc.

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists
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PATIENT CONSENT FORM
FOR LASER GENESIS SKIN THERAPY

I hereby authorize Jeri Shuster MD, Kathryn Cervi CRNP, or other individual assigned by Jeri Shuster MD, PA, to perform Laser Genesis Non-Ablative Skin Therapy on me. I understand that laser treatment is not an exact science and that no guarantee or assurances can be given to me concerning the results of this procedure. I understand that this procedure works by promoting vibrant and healthy-looking skin. The Laser Genesis is a revolutionary way to combat the signs of aging at the cellular level without harsh chemicals or long recovery periods. Multiple treatments may be necessary and periodic maintenance is recommended. Though I have been carefully screened, results are not guaranteed.

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period including, but not limited to, infection, scarring, crusting, re-growth of hair, and/or blistering.
- Photographs may be taken to monitor progress.
- Post treatment instructions.

I am aware of the following possible experiences/risks with Laser Genesis:

- **DISCOMFORT:** Some discomfort may be experienced during laser treatment
- **WOUND HEALING:** Laser surgery can result in swelling, blistering, crusting, and/or flaking of the treated areas, which may require one to three weeks to heal. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks or longer in some patients.
- **BRUISING/SWELLING/INFECTION:** With some lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility (although rare) whenever a skin procedure is performed.
- **PIGMENT CHANGES (Skin Color):** During the healing process, there is a slight possibility that the treated area can become either hypopigmented (lighter) or hyperpigmented (darker) in color compared to the surrounding skin. This is usually temporary, but on a rare occasion may be permanent.
- **SCARRING:** Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the changes of scarring, it is **IMPORTANT** that all post-treatment instructions are followed carefully.
- **EYE EXPOSURE:** Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect the eyes from accidental laser exposure.
- **TREATMENTS:** The number of treatments may vary. The number of treatments recommended is an estimate, and more may be required to achieve optimal results. Future treatments are also recommended in order to maintain the achieved results.

ACKNOWLEDGMENT

I UNDERSTAND AND ACKNOWLEDGE THAT PAYMENTS FOR THE ABOVE PROCEDURE ARE NON-REFUNDABLE.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS PERMISSION FORM FOR LASER GENESIS TREATMENT AND THAT THE DISCLOSURES REFERRED TO HEREIN WERE MADE TO ME.

Patient / Guardian Signature

Date

Witness Signature

Date

Jeri Shuster MD / Kathryn Cervi CRNP

Date