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

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

REPEAT LASER CONSENT FORM

I hereby authorize Jeri Shuster MD, Kathryn Cervi CRNP, or other individual assigned by Jeri Shuster, MD, PA to perform laser treatment 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 treatment. Periodic maintenance is recommended. Though I have been carefully screened, results are not guaranteed.

Please Answer the Following Questions Prior to Repeat Laser Treatment

	YES	NO	Please List
New Medications since last treatment?	( )	( )	_____
Antibiotics within the past 2 weeks?	( )	( )	_____
Any Pain Relievers (Aspirin, Advil, Motrin, Aleve, or Ibuprofen)?	( )	( )	_____
Are you Pregnant? Or Nursing?	( )	( )	_____
Anesthetic (numbing cream) applied?	( )	( )	_____
Any Sun exposure since last treatment?	( )	( )	_____
Self Tanners?	( )	( )	_____
Tanning Beds?	( )	( )	_____
New Skin Products since last treatment?	( )	( )	_____
Retinols?	( )	( )	_____
Glycolic Acids?	( )	( )	_____
Alpha/Beta Hydroxy Acids?	( )	( )	_____
Acne medications?	( )	( )	_____
Bleaching creams?	( )	( )	_____
Do you use Sunscreen? Please list SPF #	( )	( )	_____
How often do you reapply?			_____
Any procedures done on treatment area In the past 2 weeks?	( )	( )	_____
Have you waxed, tweezed, threaded, bleached or used depilatories In the past 2 weeks?	( )	( )	_____

Please list all Allergies:

_____

ACKNOWLEDGEMENT

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

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND HAVE HONESTLY ANSWERED ALL OF THE ABOVE QUESTIONS. ALL INFORMATION REGARDING THIS LASER TREATMENT HAS BEEN FULLY DISCLOSED TO ME. I AM FULLY AWARE THAT THIS PROCEDURE IS "NOT MEDICALLY NECESSARY" AND AM AWARE OF ALL POSSIBLE BENEFITS AS WELL AS POSSIBLE SIDE EFFECTS AND RISKS OF LASER TREATMENTS.

Patient / Guardian Signature	Date
Witness Signature	Date
Jeri Shuster MD / Kathryn Cervi CRNP	Date