

# Halo Hybrid Fractional Laser Consent Form



I authorize the practitioners of Southeastern Esthetics Institute to perform the Sciton Halo Hybrid Fractional Laser treatment on the following area(s) of my body:

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The Halo Pro fractional laser treatment uses hybrid technology of 1470 nm non-ablative laser and 2940nm ablative laser to create controlled zones of coagulation to chosen depths into the dermis that stimulate neocollagenesis (new collagen) and fractionally vaporize (ablate) micro laser channels in the epidermis addressing tone and texture of the skin.

## Light Therapy Facts

- The 2940 nm Erbium YAG laser wavelength of Halo Pro is delivered through a focused scanning device that precisely removes channels of tissue by vaporizing (heating to high temperature) the water within tissue. The device has the ability to create micro channels while leaving the area around the channels intact.
  - The 1470 nm laser wavelength of Halo is delivered through a scanning device that creates microscopic columns of wounded tissue that stimulates new collagen.
  - Laser treatment procedures may produce scanning patterns visible on the skin. This event usually fades while in the healing phase.
  - Light from a laser can be harmful to eyes and wearing special safety eyewear is necessary at all times during the procedure.
  - A topical or local (block) anesthetic is used to lessen the sensation of the laser as it interacts with the skin. The sensation, while being treated, may feel like pin pricks, bursts of heat or similar to a sunburn. The type of topical and or injected anesthetics is at the discretion of the practitioner. There are known severe allergic reactions to ingredients in topical anesthetics. Patient's with known allergies to anesthetics will list them below
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## Pre-Treatment Considerations

- If you have previously suffered from facial cold sores, there is a risk that this treatment could contribute to a recurrence.
- No one who has taken the medication Accutane or its generic forms within the last year may have this procedure.
- No one on anti-coagulants may have this procedure.
- Skin care or treatment programs may be used before and after laser skin treatments in order to enhance the results.

## Treatment Considerations

- The procedure necessitates a post treatment wound care regime that must be followed.
- The Halo Pro fractional laser treatment may produce pinpoint bleeding in the area of the channels. This event usually subsides in a few minutes to a few hours. More uncommon, it can persist up to 24 hours.

- Redness and exfoliation (flaking of skin) is associated with this procedure and may last from 3-4 days depending on the depth and concentration (percentage) of the laser channels of the treatment performed. You may notice a sandpaper texture and bronzing of the skin as the microscopic columns begin to heal. This is treated tissue working its way out as new skin is regenerated. Keeping the area moist with a light application of an occlusive barrier e.g. Aquaphor or Cicalfate Restorative
- Cream will aid in the healing process.

**Common Side Effects & Risks**

- Edema (swelling) of the skin may occur and can be minimized by keeping the area upright.
- Urticaria (itching) often times occurs as the old skin is shed and the new skin is being formed.
- If any of the above symptoms intensify, your clinician should be notified. A cool compress placed on the area provides comfort. The treated area should be cared for delicately. Limited activity may be advised, as well as, no hot tub, steam, sauna, or shower use.
- Discomfort, especially a sunburn feeling, may persist for a few days.
- PIH or post inflammatory hyperpigmentation (browning) and hypopigmentation (lightening) have been noted with laser procedures. These conditions usually resolve within 2-6 months. Permanent color change is a rare risk. Vigilant care must be taken to avoid sun exposure (tanning beds included) before and after the treatment to reduce the risk of color change. After the skin has gone through its healing phase and is intact, sunscreen and / or sun block should be applied when sun exposure is necessary.
- Infection is not usual after treatments; however herpes simplex virus infections around the mouth can occur following treatments. This applies to both individuals with a past history of the virus or individuals with no known history. Other signs of an infection can be a fever, purulent (pus) material, severe redness, swelling in the area, and skin that is hot to the touch. Should these symptoms occur, the clinician must be notified to prescribe appropriate medical care.
- Allergic reaction is uncommon from treatment. Some persons may have a hive-like appearance in the treated area. Some persons have localized reactions to cosmetics or topical preparations. Systemic reactions are rare.

The potential risks and benefits have been explained of the Halo Pro fractional laser treatment along with alternative methods. I choose to have Halo Pro fractional treatment.

I understand that compliance with pre and post care instructions is crucial for success of Halo Pro fractional laser treatment and to prevent unnecessary side effects or complications.

I understand that there are many variable conditions which influence the long-term result of laser skin treatments. The practice of medicine and surgery and the subsequent use of laser is not an exact science. Although good results are expected, there is no guarantee, expressed or implied, on the results that may be obtained.

I understand that the Halo Pro fractional laser treatment involves payment and the fee structure has been explained to me.

**Photography:** I do \_\_\_\_\_ or do not \_\_\_\_\_ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

I hereby consent to the use of the Sciton Halo Hybrid Fractional Laser with Southeastern Esthetics Institute for the treatments specified above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_