

Cosmetic CO2 Laser Resurfacing Consent Form

Introduction

CO2 laser resurfacing is a cosmetic procedure designed to improve the appearance of the skin by reducing fine lines, wrinkles, scars, and uneven pigmentation. This procedure uses a laser to remove layers of skin, promoting the growth of new, smoother skin.

Purpose of the Procedure

The purpose of CO2 laser resurfacing is to rejuvenate the skin for cosmetic enhancement. This procedure is elective, and the results may vary from person to person. While improvements in skin tone, texture, and appearance can be achieved, individual results cannot be guaranteed.

Alternatives

Alternative treatments to CO2 laser resurfacing include, but are not limited to:

- Chemical peels
- Microdermabrasion
- Other laser treatments
- Microneedling
- Topical skincare treatments

Each of these treatments carries its own risks and benefits. I understand that my physician has discussed these alternatives with me.

Risks and Complications

As with any medical procedure, there are potential risks and complications, which include but are not limited to:

1. **Pain, Redness, and Swelling:** These symptoms are common after CO2 laser resurfacing and may last for several days.
2. **Prolonged Healing and Downtime:** Recovery time varies depending on skin type, laser intensity, and other factors. Healing may take several weeks.
3. **Scarring and Pigment Changes:** There is a risk of permanent scarring, hyperpigmentation, or hypopigmentation, particularly in darker skin types.
4. **Infection:** Although rare, bacterial, viral (e.g., herpes simplex), or fungal infections can occur following laser treatment.
5. **Acne or Milia:** Small white bumps (milia) may form temporarily, and acne outbreaks can occur post-procedure.
6. **Allergic Reactions:** Topical or anesthetic agents used during the procedure may cause allergic reactions in rare cases.
7. **Ectropion (Eyelid Drooping):** If treated near the eyes, there is a risk of eyelid drooping, which may require corrective surgery.



I have discussed these risks with my physician and understand that while complications are uncommon, they may require further treatment and may not be correctable.

Pre-Treatment and Post-Treatment Instructions

I understand that I must follow all pre-treatment and post-treatment instructions provided by my physician, including:

- Avoiding sun exposure and using sunscreen diligently
- Following prescribed skincare routines to aid in healing
- Taking any prescribed medications as instructed

Failure to follow these instructions may increase the risk of complications.

Consent

By signing below:

1. I confirm that I have read and understand the information provided in this consent form.
2. I have had the opportunity to ask questions, and my physician has answered them to my satisfaction.
3. I understand the nature of the procedure, including the potential benefits, risks, and alternatives.
4. I voluntarily consent to undergo CO2 laser resurfacing.

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Witness Signature (if applicable): _____

Date: _____