

BAYVIEW GENERAL MEDICINE

Richard Blanchar, M.D.

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Starlux Informed Consent

I authorize Dr. Blanchar and his staff to perform:

- Laser/pulsed light hair removal
- Pigmented lesion
- Vascular lesion
- Leg vein
- Acne
- Skin tightening
- Rosacea
- Fractional resurfacing

I understand that serious complications are rare, but possible. Common side effects include temporary redness and mild “sunburn” like effects that may last a few hours to 3-4 days or longer. Pigment changes (lightening or darkening of spots on the skin) lasting 1-3 months or longer may occur. In addition, freckles may temporarily or permanently disappear in treated areas. Other potential risks include crusting, itching, pain, bruising, and burns. Infection, scabbing, scarring, swelling, and failure to achieve the desired result. In some individuals there is a chance of hair re-growth occurring but successive treatments are intended to address this situation. Lasers and/ or intense light can cause eye injury and protective eyewear must be worn during treatment.

Photographic consent: In connection with the medical services to be received from Dr. Richard Blanchar, I consent to the taking of appropriate photographs relative to these services. It is understood that the photographs will be taken under Dr. Richard Blanchar’s supervision and will be used only for medical records, unless in the judgment of the doctor medical research, education, or science will be benefited by their use. In that event I agree that they may be used for such purposes provided that the patient’s identity is not revealed by the photographs or by descriptive texts accompanying them.

Authorization for disclosure of information: I authorize Dr. Blanchar to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of the conclusion of such treatment, to those individuals who, in Dr. Blanchar’s sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.

Is having cosmetic surgery your idea, or is someone else urging you to have it? _____

Do you understand that the objective of any cosmetic procedure is improvement in appearance, not perfection? _____

Do you understand that anyone undergoing cosmetic surgery must assume certain risks? _____

What are your expectations? _____

I understand that I must be completely honest in divulging my exposure, whether direct or indirect, to sun or tanning lamp because I understand that sun or tanning lamp exposure may increase my chance of complications. I also understand that not adhering to the post-care instructions provided to me may increase my chance of complications as pigment changes and scarring.

I consent to photographs to be taken to evaluate treatment effectiveness, for medical education, training, and professional publications for sale purposes. No photographs revealing my identity will be used and displayed publicly without my permission.

Before and after treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered and freely consent to the purposed treatment.

Patient signature: _____ **Date:** ____/____/____

Print name: _____

Witness signature: _____ **Date:** ____/____/____

Print name: _____