



NUMBING CREAM INFORMED CONSENT

Reason/Benefits: For pain reduction during laser procedures or injections Risks, side effects, and complications: pain, rash, allergy, hypotension, discoloration, infection, burn, scar, and ineffective treatment. If numbing cream is used prior to laser procedures and to prevent injury, the treatment setting will be set at a lower and safer setting, if your skin is dark or you are tanned. This will likely decrease the efficacy of laser the treatment. As such, it is important to avoid sun exposure and to wear sun block every day to reduce risk of complications. If you are tanned or have excessive sun exposure, please reschedule your appointment at least 6-8 weeks later for a safe and comfortable treatment.

Alternative to numbing: Ice, oral non steroidal anti-inflammatory drugs, and oral pain pills Frequency and duration: For optimal result, you will need to come in 15-30 minutes earlier for numbing cream application.

Treatment: the numbing cream will be applied to the area of treatment. Duration of treatment: 30 minutes prior to procedures.

Post treatment precautions: Wash or wipe out numbing cream prior to procedure. If rash, hypotension, or allergic reaction developed, please notify doctor so that we avoid future use of numbing cream on you. Post treatment expectation: You are still likely going to experience so level of discomfort with numbing cream. And if you are doing laser, we will reduce the power to ensure a safe and comfortable treatment.

I consent to the treatment known as the numbing cream. This treatment has been explained to me and I have had the opportunity to ask questions regarding the procedure. I understand that these treatments are not an exact science and the degree of my improvement is variable. By my signature below, I acknowledge that I have read the information and consent and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and I wish to proceed with the numbing cream.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date