

Out Patient Department VBeam Consent Form

I authorize _____ to perform Candela *Vbeam* laser therapy on

_____.

The Candela *Vbeam* is a device that produces an intense but gentle burst of light that treats the abnormal blood vessels seen in spider veins or other cutaneous vascular lesions without harming the surrounding tissue. To protect my eyes from the intense light I will have my eyes covered with an opaque material or wear laser protective glasses.

I have been informed that blistering, crusting, scarring, hypopigmentation, hyperpigmentation or other skin textural changes are possible risks and complications of this procedure.

Depending on the size and color of the lesion being treated, complete clearing may not be possible or take multiple treatments for the best results.

I consent to the practitioner taking before and after photographs of the area(s) being treated. I understand that the photographs and information I have provided will be stored, processed and secured as part of your patient records in accordance with the Data Protection Act.

I understand that immediately following the laser treatment the area may appear as a red or bruised discoloration and possibly slightly swollen. I understand any redness or discoloration may last for 7 - 14 days and the swelling only a few hours. Improper care of the treated area while the discoloration is present may increase the chance of scarring or skin textural changes to the treated area.

I have read and understood all information presented to me before signing this consent.

Signed: _____ Date: _____

Practitioner: _____ Date : _____