



## **Consent to remove skin growths and superficial capillaries**

By signing this form I agree to the conditions below and give informed consent for Rebecca Greenway to perform the mentioned services on my skin.

I understand the possible effects during and after the procedure, the areas treated will likely be red and turn into scabbing which will need healing time. Also before the full healing has completed, the treated areas may be red, brown or pink and be a slightly different color than the surrounding skin which is normal. I understand my skin may or may not take longer to heal than others.

I agree to take care of my skin as instructed and understand that I should not do the following for the amount of time instructed; be exposed to the sun and extreme temperatures, go into saunas or hot tubs etc. Use topical acids or retinol, no strenuous exercise for 3 days after my treatment. If I do not follow post care instructions I am risking the chance of improper healing and less than optimal results.

Reasons not to receive this treatment are called contraindications, these include a history of keloid or raised scarring, herpes simplex, scleroderma, collagen vascular diseases or cardiac abnormalities, blood clotting problems, active bacterial or fungal infections, immuno-suppression, treatment is not recommended for patients who are pregnant.

If I have a history of herpes, cold sores, eczema or psoriasis please I will let Rebecca know so the proper precautions can be taken.

I understand that results will vary between individuals. I understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome. The procedure and side effects have been explained to me, including alternative treatments. I understand the advantages and disadvantages of this procedure.

I am advised: though good results are expected, the possibility and nature of complications cannot be accurately advised; therefore, there can be no guarantee as expressed or implied either to the success or other result of the treatment.

I agree that I have read (or that it has been read to me) and understand this consent form, and that I understand the information contained in it.

I have had the opportunity to ask any questions about the treatment, including risks or alternatives, and I acknowledge that all my questions about the procedure have been answered to my satisfaction.

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

### **Consent for Topical Anesthesia**

By signing below, I understand the conditions and use of topical anesthesia and give Rebecca Greenway permission to apply it to my skin.

I prefer to have topical anesthesia used on my skin, this will partially or fully numb my skin to make my procedure more comfortable. Although it will help to mask pain, I understand I may still feel discomfort and sensations.

Although Rebecca uses a high quality product with very low risk, some of the risks of topical anesthesia are allergic reactions, negative skin reactions, swelling and skin irritation.

I have had the opportunity to ask any questions about the treatment, including risks or alternatives, and I acknowledge that all my questions about the procedure have been answered to my satisfaction.

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