





**RECONSTRUCTIVE & AESTHETIC  
SURGEONS, INC.**

One of the most important factors for the success of your treatment is the correct typing of your skin. Skin type is often categorized according to your genetic disposition, reaction to sun exposure, and tanning habits. Please answer the following questions below to help us determine your correct skin type.

**Genetic Disposition:**

<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
What is the color of your eyes?	Light Blue, Gray or Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black
What is the color of your skin (Non-exposed area)?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Total Score for **Genetic Disposition** \_\_\_\_\_

**Reaction to Sun Exposure:**

<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
What happens when you are in the sun for too long?	Painful, redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely burn	Never burn
To what degree do you tan (turn brown)?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total Score for **Reaction to Sun Exposure** \_\_\_\_\_

**Tanning Habits:**

<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
When did you last expose your skin to the sun? (Include tanning booths and/or self tanner)	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for **Tanning Habits** \_\_\_\_\_

**Add up the total scores for each of the three sections for your Skin Type Score.**

**Fitzpatrick Skin Type Scale:**

0-7	Type I
8-16	Type II
17-25	Type III
26-30	Type IV
Over 30	Type V-VI



## **Consent for Laser Treatment**

Thank you for choosing Bella Via Skin and Body Therapies and Reconstructive & Aesthetic Surgeons, Inc. In our ongoing efforts to provide you with the best possible services, we ask that you carefully review this consent form and ask all questions necessary to help you fully understand it. Please sign after careful review.

I understand that the purpose and use of the Lumenis LightSheer™ Diode Laser is intended for permanent hair reduction. The clinical results may vary due to skin type, patient tolerance, individual response to treatment, and patient compliance with pre- and post-treatment instructions.

I understand a single treatment will most likely fail to completely remove all my unwanted hair in the area treated. Multiple treatments are required. Individual response will vary according to skin type, hair color, degree of tanning, follow-up care, and the body area being treated.

### **Possible Side Effects of Treatment**

#### **Discomfort**

Some patients experience various degrees of discomfort. Some have described the sensation as stinging, while others have described as similar to a rubber band snap.

#### **Erythema**

The most common side effects are erythema (redness) and mild edema (swelling), which generally occur immediately after laser treatments and typically resolve within 24 to 48 hours.

#### **Change of Pigmentation**

There may be a change of pigmentation in the treated area. Most cases of hypo- (lighter) or hyper- (darker) pigmentation occur in people with darker skin, or when the treated area has been exposed to sunlight before or after treatment. In some patients, hyper-pigmentation occurs despite protection from the sun. This discoloration usually fades in three to six months, but in rare cases, mainly with hypo-pigmentation, the change may last longer or be permanent.

#### **Blister**

In some cases, a crust or blister may form, which may take five to ten days to heal.

#### **Bruising**

In some patients, a bruise may appear in the treated area. It may last anywhere between five to fifteen days.

### **Please Initial the Following:**

\_\_\_\_\_ I understand that there is a possibility of rare side effects such as scarring and permanent discoloration, as well as short-term side effects such as redness, mild burning, bruising, blistering, and temporary discoloration of the skin.

\_\_\_\_\_ I understand that I am to avoid active sun exposure for 2-4 weeks prior to treatment. I am not actively tanning outside or in a tanning facility at this time.

\_\_\_\_\_ I will disclose a full and accurate personal medical history to include any and all information regarding medical conditions and my use of medications, drugs, herbs, vitamins, or other supplements of any kind. I understand that failure to do so may affect my treatment outcome.

\_\_\_\_\_ I understand that photographs may be taken to document treatment results. These photographs **may** \_\_\_\_\_ or **may not** \_\_\_\_\_ (please initial one) be used anonymously on our website or in our brochure for advertising purposes.

\_\_\_\_\_ I understand a patch test must be done before treatment and I must wait three to seven days to observe test before further treatment will be done.



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**Cancellation Policy**

We respectfully request that all of our patients arrive 15 minutes early for their appointment. This will allow you to complete any necessary paperwork required by our staff. Additionally, we appreciate your observance of our 24-hour cancellation policy. This policy allows us time to inform other clients of availability. If you are late for your appointment, we may need to reschedule so that we may properly maintain the nurses' schedules. Thank you for your cooperation in this matter and your consideration for your fellow clients.

**Safety**

All recommended and required laser safety precautions and all equipment specific guidelines will be followed to ensure the utmost in safety during your treatments. This includes the use of protective eyewear at all times while the laser is in use.

**Guarantee**

I understand that no specific guarantees are implied or made by this consent form.

I certify that I am a competent adult of at least 18 years of age. Or, that I am a minor under the age of 18 and understand the consent of my parent or legal guardian or person having legal custody of me will also be required prior to the time of treatment. This informed consent is freely and voluntarily executed and shall be binding upon my legal representatives, administrators, successors and assigns.

*I have read and understand this agreement and all of my questions have been addressed and answered to my satisfaction. I hereby freely consent to the proposed treatment and agree to the terms of this agreement.*

Procedure: \_\_\_\_\_ Price: \_\_\_\_\_

**My signature below constitutes my acknowledgement and understanding of the information detailed in this form.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship of Legal Guardian to Patient: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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