



Vbeam Patient Consent Form

I authorize Dr. Mona Foad to perform Candela Vbeam Pulsed Dye Laser therapy to treat my condition which is called: _____

The Candela Vbeam Laser is a device that produces an intense but gentle burst of light that treats the abnormal blood vessels seen in spider veins and other cutaneous vascular lesions without harming the surrounding skin. In addition, the laser treats benign epidermal pigmented lesions including solar lentigines and areas of increased brown pigmentation often seen on sun-exposed skin without damaging the surrounding skin. Lesions most commonly fade slowly over time as the treated vessels or areas of pigmentation are eliminated by normal body processes.

My eyes will be covered with laser safety eyewear or an opaque material to protect them from the intense light. My eyes will be closed and I will not attempt to remove the eye protection during treatment. I have been informed of the following possible risks and complications of this procedure including but not limited to:

- ⊗ Itching (hive-like response)
- ⊗ Herpes simplex virus activation
- ⊗ Hyperpigmentation (darkening of the skin; transient or long term)
- ⊗ Hypopigmentation (lightening of the skin; transient, long term or possibly permanent)
- ⊗ Burns, blisters, scabbing, crusting, skin color and/or textural changes
- ⊗ Scarring (rare; possibly permanent)

I understand that complete clearing may not be possible and will depend upon the type, age and color of the lesion. Multiple treatments may be needed for the best results.

Other methods of treating this condition have been discussed with me such that I may assess the risks and benefits of these alternative treatment methods.

Anesthesia is usually not necessary. My provider or I may elect to use a form of anesthesia to reduce any discomfort during the procedure. A cryogen spray skin cooling device may be used during the procedure to decrease discomfort and protect the skin.

I understand that immediately following the laser treatment redness, swelling, discomfort, bruising, and discoloration may develop at the treatment site. I understand that any discoloration may last 7-14 days and swelling should resolve within several days. Discomfort may be treated with the application of cool compresses or topical soothing agents.

Name: _____
(or legal guardian)

Date: _____

Witness: _____

Date: _____