

PATIENT CONSENT FORM FOR SMARTXIDE DOT TREATMENT



- This policy, information, initial assessment and the consent form includes general descriptions of various dermatological laser treatments, including possible benefits and risks that may occur as a result of these treatments.
- Please read the applicable sections of this consent form carefully. This form may contain words that are unfamiliar to you. In case of invalid clients, an authorised persons' signature will be required, or the clinic manager may choose not proceed with any treatment.
- Ask your laser nurse or practitioner, or one of the clinic staff, to explain any words or information that you do not clearly understand.
- You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

My signature below constitutes my practitioner, that

PRINT NAME

DATE OF BIRTH

I am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I:

- have received all the information I desire concerning my procedure. Y/N
- have read and understand the information provided in this form. Y/N
- have had my procedure adequately explained to me by the practitioner. Y/N
- consent to photographs of the treatment area. Y/N
- understand all pre- and post-treatment recommendations. Y/N
- assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising from this procedure. Y/N
- have the right to consent to or refuse any proposed procedure at any time prior to treatment. Y/N
- will notify the clinic if my medical history changes. Y/N
- agree / do not agree for the clinic to inform my GP of this treatment.
- nominate _____ to give consent on my behalf. Y/N
- consent to, and authorise: _____

(PRINT OPERATOR / NURSE / CLINICIAN'S NAME)

to perform the laser treatment for: _____
(PRINT NAME OF LASER PROCEDURE TO BE CARRIED OUT)

Signature (Patient, or signature of parent/guardian)

Date

Printed name of signatory: _____

If signed by other person, indicate relationship: _____