

Spa Cosmedica and Laser Center
10141 W Sample Rd
Coral Springs, Fl 33065
(954) 825-0060
Isolaz Consent Form

Patient General Consent Form

Please review the following information regarding your treatment. Remember that our staff is more than happy to answer any questions that you may have.

Medical History Disclosure

I am aware of the importance of disclosing my complete, personal medical history.

I will notify Spa Cosmedica and Laser Center of changes in my healthcare as they occur during my treatment process.

I will also inform Spa Cosmedica and Laser Center of all medications that I currently take, including but not limited to: prescription and over the counter drugs, herbs, supplements, vitamins and birth control.

I understand that any failure to disclose any of the drugs that I take or failure to disclose any part of my medical history may result in an increase in the likelihood of side effects or complications post treatment.

Possible Risks and Side Effects

I am completely aware of and have no further questions regarding possible side effects and risks associated with my treatment. I understand that these include but are not limited to: pain, scarring, bruising, swelling, redness, purpura, blistering, hyperpigmentation and hypopigmentation.

I understand that treatments are usually sold in packages to achieve maximum results and that a single treatment may not be sufficient to provide the desired effect.

I understand that individual results may vary according to the following factors: skin type, area of body being treated, natural hair color, post treatment care, follow-up care and tanning by sun-exposure or self tanning products. I will minimize these risks by adhering to the post treatment care instructions given to me by the staff at Spa Cosmedica and Laser Center.

Signature_____

Witness_____

Date_____

Date_____