

CoolPeel Laser

COOLPEEL LASER

Status: active Form type: default Company: Acme Inc

This consent form is intended to ensure you fully understand the CoolPeel laser treatment, its purpose, potential benefits, possible risks, aftercare requirements, and available alternatives. Please read carefully before signing. If anything is unclear, your practitioner will be happy to explain further before you proceed. CoolPeel is a non-invasive, fractional CO2 laser treatment used for skin resurfacing, designed to improve skin texture, tone, and appearance. The treatment uses a precise laser technology to remove damaged skin cells and stimulate collagen production, resulting in smoother, more youthful-looking skin. CoolPeel is commonly used to treat fine lines, wrinkles, sun damage, uneven pigmentation, and other signs of ageing. The benefits of CoolPeel include reduced appearance of wrinkles and fine lines, improved skin texture and tone, enhanced collagen production, and rejuvenation of the skin. Unlike traditional CO2 lasers, CoolPeel offers a gentler approach with less downtime, making it suitable for individuals seeking effective results without the extended recovery time associated with more aggressive treatments. As with all laser treatments, there are risks. Common side effects include mild redness, swelling, and peeling of the skin, which usually resolve within a few days. Less common risks include infection, scarring, changes in skin pigmentation (hyperpigmentation or hypopigmentation), or the development of new fine lines. In some cases, the skin may become temporarily more sensitive, requiring extra care during the healing process. There is also a possibility of unsatisfactory results if the treatment does not fully address the patient's concerns. Alternatives to CoolPeel include other non-invasive skin treatments such as microneedling, chemical peels, laser hair removal, IPL (intense pulsed light), or more invasive options like facelift surgery or dermal fillers. Your practitioner will have discussed which option is most suitable for your skin type, concerns, and desired results. Aftercare is essential to achieve the best results and reduce the risk of complications. You should avoid sun exposure, using high-factor sunscreen daily, and avoid hot tubs, saunas, or strenuous exercise for 48 hours post-treatment. It is also recommended to avoid using harsh skincare products (such as exfoliants, retinoids, or acids) for several days after the procedure to ensure optimal healing. You may be prescribed post-treatment skincare to aid recovery. You must provide complete and accurate medical history, including any skin conditions, allergies, and current medications, to ensure CoolPeel is safe for you.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

☐ Yes ☐ No

Do you feel sufficient information has been provided to you, to enable you to consent?

☐ Yes ☐ No

Has your consent been freely given?

☐ Yes ☐ No

Do you have any medical conditions?

☐ Yes ☐ No

Are you pregnant or breastfeeding?

☐ Yes ☐ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

☐ Yes ☐ No

Do you have an autoimmune disease?

☐ Yes ☐ No

Do you have any skin conditions?

☐ Yes ☐ No

Do you have any known allergies or have ever had anaphylaxis?

☐ Yes ☐ No

Do you have any active infection at the intended site of procedure?

☐ Yes ☐ No

Are you taking antibiotics or other prescription medications?

☐ Yes ☐ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.