



Pearl W. Yee, M.D. Inc.
Obstetrics • Gynecology • Medical Aesthetics
Fertility • Menopause • Urinary Incontinence
Advanced & Minimally Invasive Female Surgery

■ 2661 Ocean Avenue, San Francisco, CA 94132
 (415) 405-0200 • (415) 405-0201 (Fax)
 ■ 1447 Powell Street, San Francisco, CA 94133
 (415) 43-DrYee (433-7933) • (415) 433-1622 (Fax)

www.pearlyeemd.com

Patient Informed Consent
FotoFacial/Foto Body: Skin Rejuvenation and/or Skin Tightening

I authorize the practice of Dr. Pearl Yee to perform the skin rejuvenation and/or skin tightening procedures along with other ancillary measures they evaluate to be necessary.

I understand that the Syneron Elos device is used for non-ablative dermal remodeling and wrinkle reduction. The clinical results that each patient receives is individual and may vary dependent on medical history, skin type, patient compliance with pre/post treatment instructions, and individual reactions. I understand that there is a possibility of short-term effect such as reddening, mild blistering or scabbing, temporary bruising and temporary discoloration of the skin. There is the possibility of rare side effects such as scarring and permanent discoloration. Long-term or permanent hair loss may also occur in hair bearing areas if treated.

I understand that skin rejuvenation and skin tightening treatment involves a series of treatments and the fee structure has been fully explained to me. The device used is called an eMax and is used for hair removal, brown pigment reduction, red vessel reduction, skin tightening, wrinkle reduction and improving skin quality.

I am fully informed of the nature and purpose of the procedures I have consented to. I am aware of the expected outcomes and possible complications and understand that there is no guarantee as to the final result obtained. 70 to 80% of patients are expected to see results. My condition is of cosmetic concern and the decision to proceed is based solely on my expressed desire to do so. I am aware that the procedure does not involve surgery or chemicals and is not expected to result in dramatic changes seen from surgical facelifts or ablative procedures.

I confirm that I am not pregnant at this time and have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator. I do not have a history of keloid scarring and have not had deep chemical or mechanical peel within the last two weeks before treatment. I do not have poorly controlled diabetes.

I certified that I have been given the opportunity to ask questions and have read and fully understand the contents of this consent form.

I consent to the taking of photographs and authorize the anonymous use for the purposes of medical audit, education and promotion.

Signature: X _____ Date _____

Printed name: _____

Witness: _____ Date _____