Laser Treatment Consent Form

Client Name: _____ Date:_____ DOB:_____

Laser Type: _____

Laser Service Proposed: _____

Proposed Laser Settings: _____

Number of Tx's: _____

Photo Taken: Yes ☐ No ☐

Spot Tx Given: Yes ☐ No ☐

Spot Tx Area Reaction:

Allergies:

Any Contradictions? Infection? _____

Other Comments: _____

*Must take photo of all laser clients.

* Must document a note and fill out all of laser consult form.

* Fitzpatrick Typing must be completed.

Draw Area of Test Spot:

Technician Signature: _____

RN Signature: _____

RN Order: _____

RENEW
Medical Aesthetics

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