



Sharma Plastic Surgery

Cool Peel (Co2 Laser Resurfacing) Informed Consent

Procedure Overview

Cool Peel is a fractional CO2 laser treatment used to improve skin tone, texture, fine lines, sun damage, and acne scarring through controlled laser energy delivered to the skin.

Purpose and Expectations

This is an elective cosmetic procedure. Results vary by individual and multiple treatments may be required. Factors such as genetics, hormones, and medications can impact results. No guarantees have been made regarding the outcomes.

Alternatives

No treatment, medical grade skin care, chemical peels, microneedling or RF treatments, and other laser procedures.

Risks and Complications

Common: Redness, swelling, dryness, mild discomfort, temporary pigment changes.

Less Common: Infection (possible if proper post treatment aftercare is not followed), herpes simplex activation (cold sores), acne or milia, prolonged redness.

Rare: Scarring, permanent pigmentation changes, delayed healing.

Pre/Post Care

Strict sun avoidance and SPF use required.

Follow all pre and post treatment instructions

Non-compliance increases the risk of complications.

Medical Disclosure

I confirm that I have disclosed all medications, history of cold sores, skin conditions, Accutane (isotretinoin) use, and pregnancy or breastfeeding status.

Photography Consent (optional)

I authorize ___Yes ___No to the use of my photos for teaching and/or marketing purposes

Financial Policy

Cosmetic procedures are not covered by insurance and are not refunded once treatment is performed.

Patient Acknowledgment

The procedure, risks, benefits, and alternatives have been explained. I have had the opportunity to ask questions and understand the possible complications and risks involved, as well as the necessity of multiple treatments for best results. I also understand the importance of adhering to all post-treatment care instructions.

HIPPAA Acknowledgment

I acknowledge receipt or availability of the Notice of Privacy Practices.

Patient Consent and Signature

I have read and fully understand the contents of this informed consent form. All my questions have been answered to my satisfaction. I consent to have laser treatment.

Print Name: _____ **Signature** _____ **Date** _____

Provider Signature: _____ **Date** _____