

# PICOWAY RESOLVE LASER FACIAL

## Treatment Information

### BEFORE A PICOWAY RESOLVE LASER FACIAL

- Avoid the sun for 2 weeks before treatment, or until your physician allows it.
- You may be asked to stop any oral or topical medications or other skincare products (e.g. acne products, retinol or anything that could cause irritation) 3-5 days prior to treatment.
- Tanned or darker skin types should not be treated. If treated within 2 weeks of active (natural sunlight or tanning booth) tan, you may develop hypo-pigmentation (white spots) and this may not clear for 2-3 months, or even longer.
- You may not have this treatment if you have had BB Glow, or tattooed freckle treatments (tattooed brows or lips can be avoided).
- The use of self-tanning skin care products must be discontinued 1 week prior to treatment. Any residual self-tanner must be removed prior to treatment.

### DURING A PICOWAY RESOLVE LASER FACIAL

- Your skin is thoroughly cleaned prior to the treatment.
- If treating the upper lip, the teeth/braces may be protected with a moist, wet gauze. The gauze also serves to support the lip during treatment, allowing a surface to push against.
- Safety considerations are important during the laser procedure. The patient and all personnel in the treatment room MUST wear protective eyewear during the procedure to reduce the risk of eye injury. Your skin care specialist will take all necessary precautions to ensure your safety and comfort. \*Please do not bring your child to the appointment.
- Multiple treatments may be necessary. We recommend between 3-5 treatments.

### AFTER A PICOWAY RESOLVE LASER FACIAL

- Erythema (redness) and edema (swelling) at the treatment site can occur and may last up to 2 hours or longer.
- A small amount of pinpoint redness may also occur.
- An ointment like Aquaphor, Aloe or Recovery Balm will be applied to the treated area.
- Your skin may feel dry and tight (this is normal).
- You may use calming moisturizers for sensitive skin. Alumier MD after care kits are available and should be used for 7 days. Avoid skin care products that could cause irritation (e.g. acne products, retinol).
- It is very important not to pick, scratch or aggressively wash/scrub the area to prevent possible infection.
- Avoid sun exposure to reduce the chance of hyper-pigmentation (darker pigmentation). High heat environments should be avoided for the remainder of the day.
- Use sun block (SPF 30+) at all times throughout the course of your treatments. You can pick up a free sample of the Alumier MD sunblock, as they are SPF 40-42.
- There are no restrictions on bathing except to treat the area gently, as with any other wound.
- Makeup can be applied the next day.
- It is recommended that you space your appointments 4-6 weeks apart for PicoWay Resolve laser facials.
- Call or email Dalyce with any questions or concerns.

# PICOWAY RESOLVE LASER FACIAL

Consent Form

**CLIENT'S FULL NAME:** \_\_\_\_\_

**TREATMENT SITES:** \_\_\_\_\_

I duly authorize **Dalyce Spencer** to perform the treatment. I understand that the **PicoWay system** is a device used for hair removal, skin rejuvenation, acne treatment, wrinkle reduction, leg veins, and other vascular lesion treatments, of which I am consenting to be a patient receiving \_\_\_\_\_ treatment (specific procedure).

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre and post-treatment instructions, and individual response to treatment. A 48-hour test patch has been recommended, but I'd rather proceed together without it.

**CLIENT'S INITIALS:** \_\_\_\_\_

I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discolouration of the skin, as well as the possibility of rare side effects such as scarring and permanent discolouration. These effects have been fully explained to me.

**CLIENT'S INITIALS:** \_\_\_\_\_

I understand that the PicoWay system involves a series of treatments and the fee structure has been fully explained to me.

**CLIENT'S INITIALS:** \_\_\_\_\_

I certify that I have been fully informed of the nature and purpose of the procedures, expected outcomes and possible complications, and I understand that no guarantee can be given as to the result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I confirm that I have informed the staff regarding any current or past medical conditions, diseases or medication taken. I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education, and promotion. I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

**CLIENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_