Westchase Medspa
Where aging is optional

6928 W. Linebaugh Ave. Suit 102, Tampa, FL 33625
(813) 749-7143
(813) 264-9262
www.westchasespa.com

Laser Skin Resurfacing what to expect

Laser skin resurfacing is a treatment to reduce facial wrinkles and skin irregularities, such as blemishes or acne scars.

The technique directs short, concentrated pulsating beams of light at irregular skin, precisely removing skin layer by layer. This popular procedure is also called lasabrasion, laser peel, or laser vaporization.

Who Is a Good Candidate For Laser Resurfacing?

If you have fine lines or wrinkles around your eyes or mouth or on your forehead, shallow scars from acne, or non-responsive skin after a facelift, then you may be a good candidate for laser skin resurfacing.

If you have acne or if you have very dark skin, you may not be a candidate. This technique is also not recommended for stretch marks. You should discuss whether laser resurfacing is right for you by consulting with the doctor before having the procedure done.

How Does Laser Skin Resurfacing Work?

The two types of lasers most commonly used in laser resurfacing are carbon dioxide (CO2) and erbium. Each laser vaporizes skin cells damaged at the surface-level.

CO2 Laser Resurfacing

This method has been used for years to treat different skin issues, including wrinkles, scars, warts, enlarged oil glands on the nose, and other conditions. Recovery takes up to two weeks.

Erbium Laser Resurfacing

Erbium laser resurfacing is designed to remove surface-level and moderately deep lines and wrinkles on the face, hands, neck, or chest. One of the benefits of erbium laser resurfacing is minimal burning of surrounding tissue. This laser causes fewer side effects -- such as swelling, bruising, and redness - so your recovery time should be faster than with CO2 laser resurfacing. In some cases, recovery may only take one week Ask your provider how long recovery is likely to take for you.

If you have a darker skin tone, erbium laser resurfacing may work best for you.

If you are concerned with facial wrinkles and skin irregularities, such as blemishes or acne scars, call today and schedule a complimentary consultation to see if Erbium Laser Resurfacing is right for you.

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Confidential Erbium Patient Information

Name:_____ Date of Birth:_____ Age:_____ Sex: ☐ Male ☐ Female

Address:_____ City:_____ State:_____ Zip:_____

Home phone:_____ Cell phone: _____ Email Address:_____

Please check if you are affected by or have any of the following:

- ☐ Asthma
- ☐ Cardiac Problems D
- ☐ Depression/Anxiety
- ☐ Eczema
- ☐ Epilepsy
- ☐ Fever Blister
- ☐ Headaches-chronic
- ☐ Hepatitis
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ Hysterectomy
- ☐ Immune Disorders
- ☐ Lupus
- ☐ Metal bone
- ☐ Pins or plates
- ☐ Pacemaker
- ☐ Sinus Problems
- ☐ Skin Diseases-other
- ☐ Urinary or Kidney Problems

Are you... ☐ Pregnant? ☐ Trying to get Pregnant? ☐ Breastfeeding? ☐ Lactating?

Please choose the best match for yourself

What is your hereditary background? _____

Natural Eye Color:_____ Natural Hair Color:_____ Skin tone:_____

Do you consider your skin (Check all that apply):

- ☐ Normal
- ☐ Dry
- ☐ Dark Circles
- ☐ Oily
- ☐ Acne
- ☐ Comedones/blackheads
- ☐ Milia
- ☐ Cysts
- ☐ Acne-Scarred
- ☐ Large Pores
- ☐ Small Pores
- ☐ Rosacea
- ☐ Eczema
- ☐ Freckled
- ☐ Melasma
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Uneven/blotchy
- ☐ Patchy Dryness
- ☐ Sallow
- ☐ Psoriasis
- ☐ Dehydrated/lacking Moisture
- ☐ Telangiectasia/broken Surface
- ☐ Capillaries
- ☐ Breakouts

Do you consider your skin: ☐ Sensitive ☐ Resilient ☐ Unsure

Do you have any allergies to medications? (Please list all allergies on back of page.)

Do you have allergies to cosmetics, foods, or drugs?	☐ Yes	☐ No	Have you had skin cancer?	☐ Yes	☐ No
Do you have allergies to aspirin?	☐ Yes	☐ No	Have you ever or are you now using Accutane?	☐ Yes	☐ No
Do you use or receive depilatories or waxing?	☐ Yes	☐ No	Are you sensitive to alcohol based products?	☐ Yes	☐ No
Have you had collagen, Botox or other dermal filler injections?	☐ Yes	☐ No	Do you use sunscreen daily?	☐ Yes	☐ No
Are you presently under a physician's care for any skin condition?	☐ Yes	☐ No	Are you taking birth control or hormone replacements?	☐ Yes	☐ No

If yes, please explain:_____

Do you have sensitive to any of the following? ☐ Yes ☐ No

☐ Milk ☐ Apples ☐ Citrus ☐ Grapes ☐ Aloe vera ☐ Aspirin ☐ Perfumes ☐ Latex ☐ Hydroquinone ☐ Mushrooms

Do you experience cold sores/fever blisters?	☐ Yes	☐ No	Do you use tanning beds?	☐ Yes	☐ No
Have you recently had facial surgery?	☐ Yes	☐ No			

If yes, what type of surgery?_____

Have you recently had laser resurfacing? ☐ Yes ☐ No

If yes, what type of treatments and when?_____

Do you smoke, use tobacco or live with a smoker?	☐ Yes	☐ No	Do you often experience stress?	☐ Yes	☐ No
Do you have permanent make-up?	☐ Yes	☐ No	Do you wear contact lenses?	☐ Yes	☐ No
Have you had professional skin care in the past?	☐ Yes	☐ No	Do you participate in vigorous exercise or sports?	☐ Yes	☐ No

What skin care products do you currently use? _____

How many ounces of water do you drink daily? _____

_____ _____

Signature Date

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HIPAA Consent

I give Westchase Medspa my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, and for health care options like quality reviews. I give Westchase Medspa my consent to use or disclose my protected health information in order to obtain payment for services and/or product.

I have been informed that I may review Westchase Medspa's Notice Of Privacy Practices (for a more complete description on uses and disclosures) before signing this consent.

I understand that Westchase Medspa has the right to change their privacy practices and that I may obtain any revised notices at the clinic.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that Westchase Medspa is not required to agree to the request. If Westchase Medspa agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

Patient, parent or legal guardian:_____

Signature: _____ Date:_____

If signed by patient representative, state relationship to patient:_____

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Patient Treatment Record

Date:_____ Area Treated:_____ Settings:_____ Tech (Initial):_____
Notes:_____

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Notes:_____

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Notes:_____

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Notes:_____

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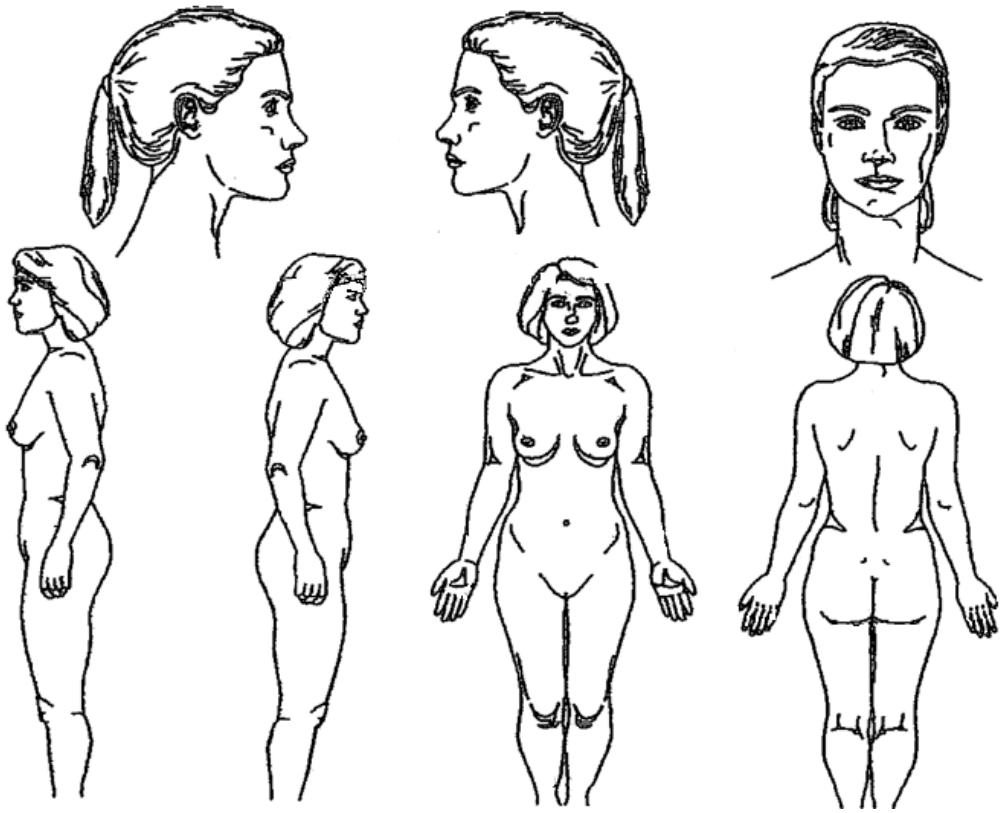
Notes:_____



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Erbium Post-Treatment Care

Avoid all alpha hydroxyl and beta hydroxyl products (AHA/BHA), hydroquinone, retinols/retinoids, aspirin, Tazorac, Differin, and Vitamin E products for up to 5 days post treatment.

It may take up to 4 weeks after the peeling, bruising and scabbing have subsided for lesions to disappear and skin tone to lighten. DO NOT PICK OR SCRATCH blisters or scabs as they develop.

Discomfort can be relieved with cool compresses or acetaminophen (Tylenol). DO NOT ingest aspirin or products containing aspirin until complete healing has occurred. To reduce swelling you may apply ice packs to the treated area. Ice should be wrapped in a soft cloth and applied for 10-15 minutes at a time.

When washing your face for the first 1-2 days, do not scrub. Use VisaoMD Restor Gentle Cleansing Gel.

Showers are permitted but prolonged bathing is not advised. You may pat the treated area gently with a soft cloth but DO NOT RUB with a towel or washcloth for at least 3 days or until redness subsides.

Apply a protective ointment to the treated area two or more times daily for 3 to 5 days. This process is critical in keeping the skin hydrated and preventing bacteria from entering the skin.

It is imperative that you use a broad spectrum UVA/UVB sunscreen with and SPF of at least 20 or higher and avoid direct sunlight for at least 7 days post treatment.

Within 48 to 72 hours post treatment, you may experience flaking or peeling. This will generally last 2 to 5 days. DO NOT PICK OR PULL THE SKIN.

Do not have any other facial treatments for at least 2 weeks post treatment.

Avoid swimming and contact sports while the skin is healing. If you experience any adverse reactions to your skin resurfacing treatment area contact Westchase Medspa (813) 749-7143 for instructions on how to care for your reaction.

Do not pick or peel any sores that may develop.

Keep all recommended products on your skin until instructed otherwise by your Westchase Medspa specialist.

Medical Grade Skin Care products recommended for post treatment:

- Restor Gentle Cleansing Gel
- Hydra Clear Skin Serum
- Rescue Intense Moisture Creme
- Recover Tissue Repair Complex
- Solar Protect SPF (may be mixed with Rescue Intense Moisture Creme)

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