

*Permission form for laser treatment in the Vascular Medicine Surgery of Dr. Vercaeren*

Name:.....

Gender: m / f            Date of birth:.....

I hereby confirm that we have discussed the nature of my condition, the treatment I wish to undergo, any alternative methods, the general nature of the proposed treatment, the prospects for success and the possible risks and benefits of such treatment.

The procedure has been explained to me. The intended effect of the treatment is to reduce the appearance of pigment spots or ruptured blood vessels. I have been informed that the improvement will not be 100% and that several treatments are necessary.

I am aware that the treatment with the Laser could be continued in the future by one or more post-treatments to achieve/maintain an optimal result. Possible risks of this treatment include redness and swelling after treatment. If this occurs, the duration of this side effect is on average 2 to a maximum of 10 days. Temporary hyperpigmentation can occur and will normally fade within 6 to 12 months after treatment. Although very unusual, blistering or light burning of the epidermis may occur after treatment with the Laser. After some laser treatments, crust formation and shedding may occur. Treatments in the face can be accompanied by a severe swelling for about three days.

Exposure to sunlight or sunbed should be avoided during and at least 6 weeks before and 4 weeks after each (subsequent) treatment. The same applies to the use of tanning creams. Flamigel is permitted as long as the treated area is swollen.

The area to be treated must be treated a few times a day with a sun block with SPF factor 50 and good UV-A protection both before and after the treatment when exposing to sunlight. If this advice is not followed, there is a risk of skin burning and of depigmentation or definitive hyperpigmentation of the skin.

I give to the practitioner permission for treatment with laser, and any other treatments that are desirable in the practitioner's opinion. I hereby declare that I have read this consent form (or that it has been read to me) and that I understand this form and the information it contains. I have had the opportunity to ask questions regarding the treatment, including questions about risks or alternatives, and I declare that all my questions regarding the procedure have been answered satisfactorily. I have also been explained the post-treatment concerns and will follow the advice given. I also declare that I have answered the questions concerning skin typing and my medical history to the best of my knowledge.

THIS CONSENT FORM IS ALSO VALID FOR ALL FUTURE TREATMENTS UNTIL I CANCEL ALL OR PART OF THE FORM IN WRITING.

Date .....

Signature of the patient:

**Surgery for Vascular Medicine**  
**Dr. Vercaeren**

**MEDICAL CARD**

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

THIS CONSENT FORM IS ALSO VALID FOR ALL FUTURE TREATMENTS UNTIL I CANCEL ALL OR PART OF THE FORM IN WRITING.

**Skin Type Classification Questionnaire**

SCORE		0	1	2	3	4
	What is the natural color of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black
	What is the eye color?	Light blue, Gray, Green	Blue, Gray, Green	Blue	Dark Brown	Brownish Black
	What is the color of sun unexposed skin areas?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	How many freckles on unexposed skin areas?	Many	Several	Few	Incidental	None
	What happens when you are in the sun TOO long without sunblock?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had a problem
	How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark very quickly
	Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun or artificial sun treatments?	More than 3 months ago	2-3 month ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	Do you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
	<b>TOTAL</b>					

- 00-07 points = Skin type I
- 08-16 points = Skin type II
- 17-25 points = Skin type III
- 25-30 points = Skin type IV
- 30-40 points = Skin type V & VI