MEDIKYAG™ PICO LASER

CLIENT INTAKE & INFORMED CONSENT

Section 1. CLIENT INFORMATION & MEDICAL HISTORY

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

Emergency Contact: _____

Family Physician: _____

Referral Source: _____

Treatment Area(s): _____

GENERAL HEALTH

☐ Autoimmune Disease

☐ Bleeding Disorder or Blood Clotting Disorder

☐ Cancer (Current or Previous)

☐ Diabetes

☐ Delayed or Poor Wound Healing

☐ Epilepsy / Seizure Disorder

☐ HIV/AIDS or Other Immunocompromising Condition

☐ Hepatitis

☐ Heart Disease / Cardiovascular Condition

☐ High Blood Pressure

☐ Immunocompromised

☐ Liver Disease (Including Hepatitis)

☐ Metal Implants ((in treatment area)

☐ Thyroid Disorder

☐ Other Significant Medical Conditions_____ ☐ None

SKIN CONDITIONS

☐ Active Acne

☐ Active or History of Cold Sores (HSV)

☐ Active Bacterial, Viral, or Fungal Skin Infection

☐ Active Rash or Skin Irritation

☐ Dermatitis

☐ Psoriasis

☐ Poor Wound Healing

☐ Precancerous Skin Lesions (e.g., Solar Keratosis)

☐ Other Skin Condition _____

☐ Eczema

☐ Keloid or Hypertrophic Scarring

☐ History of Hypopigmentation

☐ History of Hyperpigmentation

☐ Rosacea

☐ Skin Cancer (Current or Previous)

☐ Vitiligo

☐ Warts (within treatment area)

☐ None

MEDICATIONS

Are you currently taking or have recently taken any of the following?

☐ Antibiotics

☐ Blood Thinners / Anticoagulants

☐ Herbal Supplements or Natural Remedies

☐ Hormone Therapy or Hormonal Medications

☐ Isotretinoin (Accutane® or similar acne medications)

☐ Other Medication(s) _____

☐ Corticosteroids (Oral or Topical)

☐ Immunosuppressive Medications

☐ Photosensitizing Medications

☐ Steroids

☐ Topical Acne Medications

☐ None

ALLERGIES _____

FEMALE CLIENTS

Are you currently pregnant or breast feeding?

☐ Yes

☐ No

PREVIOUS COSMETIC TREATMENTS

Have you received any of the following within the treatment area?

☐ Dermal Fillers

☐ Dermaplaning

☐ Depilatory Cream

☐ Deep Chemical Peel

☐ Electrolysis

☐ IPL

☐ Tattoo & Cosmetic Tattoo

☐ None

☐ Laser Hair Removal

☐ Microneedling

☐ Neuromodulators (Botox)

☐ Photo Dynamic Therapy (PDT)

☐ Plastic/Cosmetic Surgery

☐ Radio Frequency (RF) Skin Tightening

☐ Tweezing or Threading

☐ Waxing or Sugaring

Date of Last Treatment: _____

SUN EXPOSURE

Have you had any of the following within the past four weeks?

☐ Excessive Sun Exposure

☐ Self Tanner

☐ Sunburn

☐ Spray Tan

☐ Tanning Bed

☐ None

CONTRAINDICATION SCREENING

Before treatment, confirm you are not experiencing the following contraindications.

☐ Active bacterial infection

☐ Active viral infection (including HSV)

☐ Active fungal infection

☐ Anticoagulant therapy

☐ Compromised skin barrier

☐ History of hypertrophic or keloid scarring

☐ Impaired wound healing

☐ Uncontrolled diabetes

☐ Other _____

☐ Immunocompromised condition

☐ Open wounds

☐ Photosensitizing medication

☐ Pregnancy or breastfeeding

☐ Recent chemical peel or aggressive resurfacing

☐ Recent oral isotretinoin (Accutane) use

☐ Recent excessive sun exposure or tanning

☐ Severe eczema or psoriasis within treatment area

MEDICAL CLEARANCE REQUIRED

☐ Yes

☐ No

I confirm that the medical information I have provided is complete and accurate.

Client Initials _____

Section 2. TREATMENT INFORMATION

About the MEDIKYAG™ PICO Laser System

The **MEDIKYAG™ PICO Tattoo & Facial Laser System** is an advanced medical aesthetic laser designed to treat a variety of skin concerns, including tattoo removal, pigmentation, sun damage, melasma, skin rejuvenation, acne scarring, enlarged pores, vascular lesions, and selected benign pigmented lesions.

Unlike traditional nanosecond lasers, the MEDIKYAG™ PICO delivers **ultra-short picosecond pulses** that generate high peak power with minimal heat transfer to surrounding tissue. This technology creates a **photoacoustic effect**, breaking pigments into microscopic particles that are naturally eliminated by the body's lymphatic system while minimizing unnecessary thermal injury to the surrounding skin.

The system utilizes multiple wavelengths to safely and effectively treat a wide range of skin conditions and skin types.

Available Treatment Wavelengths

- **1064nm Nd:YAG** – Deeper pigmentation, darker tattoo ink, skin rejuvenation, acne scars, vascular lesions, and darker skin types.
- **532nm Frequency-Doubled Nd:YAG** – Superficial pigmentation, freckles, sunspots, red, orange, and yellow tattoo pigments, and vascular concerns.
- **755nm Fractional Honeycomb Delivery System** – Fractional skin rejuvenation, acne scars, enlarged pores, fine lines, skin texture, and collagen stimulation.

The treatment wavelength and settings selected for your procedure will be determined by your practitioner based on your skin type, treatment goals, and clinical assessment.

Treatment Expectations

Treatment outcomes vary depending on the condition being treated, skin type, pigment characteristics, tattoo composition (if applicable), age, lifestyle factors, medications, and adherence to pre- and post-treatment instructions.

Clients should understand that:

- Multiple treatment sessions are typically required to achieve optimal results.
- Improvement occurs gradually as the body naturally clears fragmented pigment and the skin undergoes collagen remodeling.
- Results vary between individuals, and no guarantee or warranty can be made regarding treatment outcomes or the number of treatments required.
- Some conditions, including melasma, vascular lesions, and certain tattoos, may require ongoing maintenance treatments.
- Complete pigment clearance or complete tattoo removal cannot be guaranteed.

Possible Risks and Side Effects

Although MEDIKYAG™ PICO laser treatments are considered safe when performed by a trained practitioner, all laser procedures carry potential risks.

Common (Temporary):

- Redness
- Mild swelling
- Warm sensation
- Tenderness
- Dryness or flaking
- Mild pinpoint bleeding (fractional treatments)
- Temporary darkening of pigmented lesions

These effects typically resolve within several hours to several days, depending on the treatment performed.

Less Common:

- Blistering
- Crusting
- Temporary hyperpigmentation (darkening)
- Temporary hypopigmentation (lightening)
- Acne flare-ups
- Milia formation
- Reactivation of herpes simplex (cold sores)
- Prolonged redness

Rare:

- Burns
- Infection
- Scarring
- Delayed wound healing
- Persistent pigment changes
- Allergic reaction to topical products used during treatment

The risk of complications may increase if pre-treatment or post-treatment instructions are not followed or if contraindications are not disclosed before treatment.

CLIENT RESPONSIBILITIES

To help ensure the safest and most effective treatment, I understand and agree that I will:

- Provide complete and accurate medical information.
- Inform CURA skin of any changes to my health, medications, pregnancy status, or skin condition before each appointment.
- Follow all pre-treatment and post-treatment instructions provided by my practitioner.
- Protect the treated area from sun exposure and use broad-spectrum sunscreen as recommended.
- Contact CURA skin promptly if I experience any unexpected or concerning reactions following treatment.
- Attend recommended follow-up appointments to monitor healing and treatment progress.

CLIENT AKNOWLEDGEMENT

I acknowledge that I have read and understand the information provided regarding the MEDIKYAG™ PICO Laser System, including how the treatment works, the expected benefits and limitations, possible risks and side effects, and my responsibilities as a client. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Client Initials: _____

Section 3. BEFORE & AFTER CARE - MEDIKYAG™ Pico Laser

PRE-TREATMENT GUIDELINES

To ensure the safest treatment and the best possible results, please follow these instructions before your appointment.

2 WEEKS BEFORE TREATMENT

- Avoid direct sun exposure, tanning beds, and self-tanning products on the treatment area.
- Protect your skin daily with a broad-spectrum sunscreen (SPF 30 or higher).
- Inform your practitioner of any changes to your medical history, medications, pregnancy status, or skin condition.

5–7 DAYS BEFORE TREATMENT

- Discontinue retinoids, retinol, AHAs, BHAs, benzoyl peroxide, exfoliating acids, and other potentially irritating skincare products on the treatment area.
- Avoid chemical peels, dermaplaning, waxing, or other resurfacing treatments unless approved by your practitioner.

24 HOURS BEFORE TREATMENT

- Stay well hydrated.
- Avoid excessive alcohol consumption.
- If you have a history of herpes simplex (cold sores), notify your practitioner prior to treatment, as preventative antiviral medication may be recommended.

DAY OF TREATMENT

- Arrive with clean skin free of makeup, lotions, oils, deodorants, perfumes, or sunscreen.
- If you develop a sunburn, rash, active infection, cold sore outbreak, or open wound in the treatment area, notify your practitioner before treatment, as your appointment may need to be postponed.
- A test spot may be performed when clinically indicated.

Section 4. **POST-TREATMENT GUIDELINES**

Following treatment, it is normal to experience:

- Mild redness, warmth, or swelling for 24–72 hours.
- Temporary skin sensitivity or tightness.
- Mild pinpoint crusting, peeling, or flaking, particularly following tattoo removal or fractional resurfacing.
- Temporary darkening of pigmented lesions before they naturally lighten or shed.

Healing times vary depending on the treatment performed and your individual healing response.

FIRST 24–72 HOURS

- Avoid hot showers, hot tubs, saunas, steam rooms, and vigorous exercise.
- Apply cool compresses if needed for comfort.
- Use only gentle cleansers and practitioner-recommended skincare products.
- Do not rub, scratch, pick, or exfoliate the treated skin.

FOR 7 DAYS

- Avoid retinoids, exfoliating acids (AHAs/BHAs), benzoyl peroxide, alcohol-based toners, and other potentially irritating skincare products.
- Keep the treated area clean and well moisturized.
- Allow any peeling or flaking skin to shed naturally.

SUN PROTECTION

- Avoid direct sun exposure for **4–6 weeks** following treatment.
- Apply a broad-spectrum sunscreen with **SPF 50 or higher** daily to all treated areas.
- Avoid tanning beds and self-tanning products until the skin has completely healed.

WHEN TO CONTACT CURA skin

Please contact your practitioner promptly if you experience:

- Blistering
- Increasing pain after the first 48 hours
- Excessive swelling
- Signs of infection, including pus or fever
- Persistent redness lasting longer than one week
- Significant changes in skin pigmentation
- Any unexpected or concerning reaction

CLIENT ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understood the pre-treatment and post-treatment instructions. I understand that following these instructions is an important part of my treatment and that failure to comply may increase the risk of complications, delay healing, or affect my treatment results.

Client Initials: _____

Section 5. CONSENT & AKNOWLEDGEMENT

1. Treatment Information

I understand that the **MEDIKYAG™ PICO Laser** has been selected as the appropriate treatment for my skin type and treatment goals. The procedure, expected benefits, limitations, and potential outcomes have been explained to me, and I understand how the treatment works.

2. Potential Risks & Side Effects

I understand that all laser procedures carry potential risks and side effects, including but not limited to:

- Redness, swelling, and temporary discomfort

- Infection
- Blistering or scabbing
- Hyperpigmentation or hypopigmentation
- Prolonged healing
- Milia formation
- Reactivation of herpes simplex (cold sores)
- Scarring (rare)

I understand that individual healing responses vary and that unforeseen complications may occur despite appropriate treatment and aftercare.

3. Pre- & Post-Treatment Care

I confirm that I have received, read, and understand the pre-treatment and post-treatment instructions. I understand that failure to follow these instructions may increase the risk of complications and affect my treatment results.

4. Treatment Expectations

I understand that treatment outcomes vary between individuals and that no guarantee or warranty has been made regarding the degree of improvement or the number of treatments required. I acknowledge that multiple treatment sessions and maintenance treatments may be recommended to achieve optimal results.

5. Medical Disclosure

I certify that I have disclosed all relevant medical conditions, medications, allergies, previous cosmetic procedures, pregnancy status, and skin conditions. I agree to notify CURA skin before each treatment if there are any changes to my health or medical history.

6. Privacy & Confidentiality

I consent to the collection, use, and storage of my personal health information for the purpose of providing treatment and maintaining my clinical record. I understand that my information will be handled confidentially in accordance with applicable privacy legislation.

7. Voluntary Consent

I understand that laser treatments are aesthetic procedures performed by a trained practitioner and may require the practitioner to touch, position, or expose the treatment area in order to safely assess the skin and perform the procedure. Depending on the area being treated, I may be asked to adjust or remove clothing and appropriate draping will be provided when required. I understand that I may ask questions, request modifications, or stop the treatment at any time if I feel uncomfortable. I consent to the necessary practitioner contact and positioning required to safely perform my selected treatment. I voluntarily consent to receive microneedling treatment. I understand that I may withdraw my consent before treatment begins.

8. Policy for Minors

I understand that a child under the age of 18 must have a parent or guardian with them during the initial assessment & treatment. A child at the age of 16 and under must have a guardian present for all assessments and treatments administered.

9. Liability Waiver

To the fullest extent permitted by law, I release, indemnify, and hold harmless **CURA skin**, its owners, practitioners, employees, contractors, and affiliates from any claims, liabilities, damages, losses, costs, or expenses arising directly or indirectly from this treatment, except where caused by gross negligence or willful misconduct.

10. Photography Consent *(Optional)*

☐ I consent to clinical photographs being taken for treatment planning and progress documentation.

☐ I consent to the use of my photographs for educational or marketing purposes

11. Cancellation Policy

Your appointment time is reserved specifically for you. Late cancellations and missed appointments prevent us from offering that time to another client. CURA skin requires a minimum of **24 hours' notice** to cancel or reschedule an appointment. Cancellations made with less than 24 hours' notice, or missed appointments (**no-shows**), may be subject to a cancellation fee. We appreciate your consideration and understanding

CLIENT DECLARATION

I acknowledge that I have read and understood this consent form in its entirety. I confirm that all information provided is true and complete, and I voluntarily consent to proceed with treatment.

Client Name: _____

Client Signature: _____

Practitioner Name: _____

Practitioner Signature: _____

Date: _____