RADIANT
LASER

RADIANT CO2 PHOENIX

CO2 FRACTIONAL LASER



TREATMENT CONSENT AND INFORMED WAIVER

FOR MULTIPLE TREATMENT AREAS:

FACE
Deep skin restoration, fine lines and wrinkles, texture and tone.

BODY
Skin rejuvenation, texture, firmness and overall skin quality.

SCARS
Helps reduce the appearance of surgical scars, acne scars and trauma scars.

STRETCH MARKS
Improves the appearance and texture of stretch marks.

CLIENT INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone: _____

Email: _____

Address (optional): _____

ABOUT RADIANT CO2 PHOENIX

The Radiant CO2 Phoenix is a fractional carbon dioxide (CO2) laser that delivers controlled micro-thermal energy to the skin, stimulating collagen and elastin production. It is designed to deeply rejuvenate the skin, improve texture, tone and firmness, and reduce the appearance of fine lines, wrinkles, scars and stretch marks on the face and body.

POTENTIAL BENEFITS

- Improves skin texture, tone and firmness
- Reduces the appearance of fine lines and deep wrinkles
- Helps improve the appearance of acne scars, surgical scars and stretch marks
- Stimulates natural collagen and elastin production
- Improves uneven skin tone, sun damage and enlarged pores
- Suitable for treatment areas including face, neck, décolletage, body and stretch marks

POTENTIAL RISKS AND SIDE EFFECTS

Although CO2 laser treatments are generally safe when performed by a trained and qualified professional, possible side effects may include:

- Temporary redness
- Swelling
- Mild to moderate discomfort
- Itching
- Dryness or flaking
- Crusting or scabbing
- Changes in skin pigmentation (darker or lighter areas)
- Prolonged redness
- Infection (rare)
- Scarring (rare)
- Herpes simplex outbreak (cold sores)
- Acne flare-ups
- Textural changes
- Milia (small white bumps)
- Changes in skin sensitivity
- Temporary skin tightness
- No improvement or incomplete results
- Other unforeseen reactions

CONTRAINDICATIONS (Treatment may not be suitable if you have):

- Pregnancy or breastfeeding
- Active skin infections (e.g. cold sores, bacterial, fungal or viral)
- History of skin cancer or pre-cancerous lesions in the treatment area
- Open wounds, eczema, psoriasis or irritated skin in the treatment area
- Recent tanning, sunburn or excessive sun exposure
- Use of isotretinoin/Accutane (within the last 6–12 months)
- Use of blood-thinning medications (as advised by your healthcare provider)
- Uncontrolled medical conditions (e.g. diabetes, autoimmune disorders)
- History of keloid scarring or poor wound healing
- Active acne or severe inflammatory skin conditions
- Any other condition that, in the opinion of the practitioner, may make the treatment unsafe

TREATMENT AREAS AND INDICATIONS

FACE
- Deep skin restoration and rejuvenation
- Improves fine lines, wrinkles, sun damage and uneven skin tone
- Refines texture and pore size

BODY
- Improves skin texture, firmness and tone
- Helps reduce the appearance of scars and stretch marks
- Targets areas of laxity and uneven texture

SCARS
- Helps reduce the appearance of acne scars, surgical scars and trauma scars
- Improves overall skin texture and smoothness

STRETCH MARKS
- Stimulates collagen to improve the appearance of stretch marks
- Helps smooth texture and tone for more even-looking skin

CLIENT ACKNOWLEDGEMENT AND CONSENT

- ☐ I have read and understood the information provided above.
- ☐ I have had the opportunity to ask questions and have received satisfactory answers.
- ☐ I understand the potential risks, side effects and benefits of Radiant CO2 Phoenix treatment for all indications (face, body, scars, stretch marks and deep skin restoration).
- ☐ I confirm that I have disclosed my complete medical history, current medications and any skin conditions to the practitioner.
- ☐ I understand that multiple treatment sessions are typically required for optimal results and that results may vary.
- ☐ I understand that no guarantee can be made regarding the outcome of the treatment.
- ☐ I agree to follow all pre- and post-treatment care instructions provided by the clinic.
- ☐ I voluntarily consent to receive Radiant CO2 Phoenix laser treatments.
- ☐ I release the clinic, its owners, employees and affiliated partners from any liability related to the treatment, except in cases of negligence.

CLIENT SIGNATURE

Client Signature: _____

Date: _____

Practitioner Name: _____

Date: _____