

# THE Aesthetics Lounge and Spa

## **Picoway Laser Consent**

The PicoWay® laser system has FDA clearance and Health Canada licensing for indications, including melasma, wrinkles, benign pigmented lesions, tattoo removal, and acne scars.

The distinctive ultra-short pulse of the PicoWay laser delivers photoacoustic, rather than photothermal energy, reaching targets like pigment under the top layer of skin, while minimizing the risk of overheating the outer skin layer. The consistent photoacoustic treatment modality of the device allows for minimal post-treatment downtime, making PicoWay system the ideal laser for the growing skin rejuvenation and tattoo removal markets, and for those with pigmentation disorders. For darker skin types who often experience pigmentary conditions, PicoWay is the laser of choice. Slower, longer-pulsed lasers, or those that do not consistently deliver advertised energy levels or pulse durations, place this demographic at higher risk of hypo- or hyperpigmentation that can result from excess heat delivery.

Melasma is a skin condition that causes patches of spots, usually on the face, which are darker than one's natural skin tone. The condition is common in darker skin types and especially prevalent in pregnant women due to hormonal changes.

I authorize THE AESTHETICS LOUNGE AND SPA to perform PicoWay treatment. 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.

I understand that there is a possibility of short-term effects such as redness, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and discoloration.

I understand that this treatment will involve a series of consecutive treatments. I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final 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 will inform the staff regarding any current or past medical condition, disease or medication taken.

**Signature**

Sign above