

Sciton's HALO (Hybrid Fractional Resurfacing) Laser

I, _____, Authorize _____,
and/or a designated practitioner of Dr. Alan Burke – Virginia ENT to perform HALO Laser
on the following area(s) of my body: _____.

Sciton's HALO is a Hybrid Fractional Laser that utilizes two wavelengths, 1470 nm non-ablative and 2940 nm ablative, simultaneously to create controlled zones of coagulation to chosen depths. These fractionated micro laser channels target both the dermis (stimulating new collagen) and the epidermis (addressing tone and texture).

Common Side Effects & Risks

Expected reactions include redness, mild burning, itching, and edema (swelling). Skin redness usually lasts 2-3 weeks, sometimes up to 3 months. I understand the possibility of rare side effects such as burns, scarring, delayed healing times and permanent discoloration. Hyperpigmentation and hypopigmentation usually resolve within 2-6 months. Safe precautions with sun exposure are recommended. Herpes simplex virus infections can occur, with or without a known history of cold sores. Should any kind of infection occur, please contact your clinician immediately. The administration of anesthetics come with risks and the possibility of complications or injury. Laser treatments may not completely improve or prevent future conditions or aging. There are many variables which influence the long-term result. Additional procedures may be necessary to further enhance results or treat any unforeseen complications. There is no guarantee on the results that may be obtained.

Photography

I do ____ or do NOT ____ consent to photographs and other materials over the course of my therapy be used for medical, marketing, and educational purposes. Although the materials will not contain my name or any other identifying information, I am aware I may or may not be identified by the photos.

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- ☐ I understand this involves payment, and the fee structures have been explained.
- ☐ I understand there are other options for treatment that are available, which have been explained.

I have read and understood all information presented to me before signing this consent form. The staff gave me the opportunity to answer my questions to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____