

LASER REJUVENATION

Skin Tightening Pre medication Instructions

_____ I understand that the procedure of skin tightening can be painful and that I will be offered premedication with a pain medicine and anxiety medication prior to the procedure.

_____ I understand that these are controlled prescription and I will not abuse them.

_____ I understand that the prescription will not be replaced if lost and that each treatment will require a new prescription.

_____ I agree to have someone transport me home and understand that the procedure will not be done if that person is not available at the time of check in for the procedure.

Printed Name: _____

Signed: _____ Date: _____

Witness: _____ Time: _____