



Informed Consent

SmoothLase® Non-Surgical Intraoral Laser Wrinkle Reduction and Prevention, and/or LipLaseSM Non-Surgical Laser Lip Enhancement, Plumping, and Rejuvenation, and/or NeckLaseSM tightening of neck.

Purpose:

SmoothLase® is a non-surgical treatment used to treat skin tone/elasticity, wrinkles, and lines intraorally. LipLaseSM is a non-surgical treatment for lip enhancement, plumping and rejuvenation. NeckLaseSM is a non-surgical treatment used tightening of skin tone/elasticity, wrinkles, on the neck area. These treatments are purely for cosmetics and results will vary based on individual.

Types of Dental Intervention:

Erbium: Yag Laser non ablative (non-cutting) treatment of the intra-oral mucosa, lips and peri-oral area.

Procedures and Protocol:

1. Treatment Consent
2. Photo/Video Consent
3. Pre-op photos
4. Fill out pre-treatment evaluation
5. Laser treatment approximately 30-60 min
6. 2 or more repetition of Laser treatments- 21 days apart
7. Post op photos

Unfamiliar Procedure:

The intra-oral use of Erbium: Yag Laser.

Post operatively; with SmoothLase® and/or NeckLaseSM, you may feel a sensation similar to a mild irritation or dryness for a day or two. With LipLaseSM, you may experience surface peeling of the lips, redness, and mild irritation or dryness for a day or two. It is recommended that you do not have LipLaseSM treatment 2 weeks prior to any social event (wedding, reunion, etc.)

Benefits:

- A. No injections
- B. No toxins (Botox®)
- C. No facial redness or scabbing
- D. No down time or pain
- E. Natural smoothing of lines and wrinkles, improvement in tissue tone for a more youthful appearance.
- F. Fuller, plumper and rejuvenated lips

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Pre-Op Recommendations:

Stay hydrated: Drink 1/2 body weight in ounces 1 week prior to treatment. Avoid excessive alcohol consumption 2-3 days before treatment and avoid smoking cigarettes or marijuana the day of treatment.

Do NOT have any other facial aesthetic treatments done (botox, fillers, or other procedures) less than 30 days before treatment. If you have a history of Botox, wait at least 2 weeks after treatment to have SmoothLase[®], NeckLaseSM, or LipLaseSM done.

Do NOT have any dental procedure done 2 weeks before or after treatment.

If you have had a history of herpetic lesions you WILL need premed prior to treatment to avoid further outbreaks/complications. If you fail to provide this information, you may need further medical/dental treatment and/or may have more complications with post op healing. Please initial the appropriate line below:

_____ I HAVE a history of herpetic lesions

_____ I HAVE NOT ever had a herpetic outbreak

DO NOT wear makeup to your treatment appointment or wear anything on lips (lipstick, chapstick, etc.)

Usual Occurrences During/Post Op

During the procedure most people feel slight warming or stinging of the tissue, this is normal and means that the treatment is working (yay). Some people feel nothing at all. You also may experience a burning smell (this is normal.) Please let us know if you feel pain that is unbearable or are uncomfortable during procedure so we can accommodate to make you comfortable.

Once we start the procedure you will not be allowed any bathroom breaks or opportunities to take a break (this is because the tissue needs to stay warm for the treatment to work,) so please take bathroom breaks BEFORE the start of treatment. It is important that you communicate if the treatment is too painful or you wish to discontinue treatment during procedure so we can accommodate your needs.

After the procedure it is normal to feel a slight roughness and/or dryness in the tissues. This should only last a few days and does not need further treatment. Coconut oil swishing/gargling can help with any discomfort. Vitamin E oil, coconut oil, or ozonated jojoba or olive oil can be applied to the lips. You may want to avoid hot and spicy/salty foods after treatment (your own discretion is advised.) There is usually no bruising or post op "evidence" of SmoothLase[®] or NeckLaseSM immediately post op.

Patients that have LipLaseSM done may experience more heat and singing of the tissues and will be offered anesthetic cream or anesthetic before treatment if needed. Dryness/stinging/swelling/ changes in coloration in the lips is common post treatment and can last a day or two. The lips may peel 2-3 days after treatment and there may be changes in coloration. It takes 30 days for collagen formation, so it is normal to notice an initial increase in lip volume and then a reduction while collagenesis happens. Because of this we normally will over plump the lips initially to get desired cosmetic result (don't worry...

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no duck lips here!) We recommend that no social events (weddings, reunions, speaking events, etc.) are scheduled within 2 weeks of LipLaseSM treatment.

Do NOT wear lipstick or any kind of pigment on lips 3 days after LipLaseSM treatment. Avoid direct sun exposure 1 week after treatment.

Touch up treatments will be needed yearly or as recommended by Dr. Taylor and the initial cost of treatment does NOT include touch up treatments. SmoothLase[®], LipLaseSM, and NeckLaseSM are not permanent treatment and because of this typically needs 1-2 treatments yearly to maintain results, or as indicated by Dr. Taylor. Touch up treatment fees are not included in initial treatment pricing and are due at time of service.

Unusual Occurrences:

As with any form of medical or dental treatment, unusual occurrences can and do happen. Mouth sores, muscle spasm, and sore jaw muscles are all possible occurrence. Most of these complications are unusual occurrences and are infrequent. Additional medical and dental risks that have not been mentioned may occur. Good communication is essential for the best treatment results. Please call or come to the office if you have any questions or problems regarding treatment. It is important that you read and follow post op instructions given out at the time of treatment for maximum benefit and least complications.

This treatment may shorten the lifespan of other treatments (Botox, fillers).

Intraoral tattoos may lose pigment after procedure.

Alternatives to SmoothLase[®] and/or LipLaseSM, and/or NeckLaseSM

Alternatives include surgical procedures, acid peels, fillers, Botox[®] facial laser treatments.

Part II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily and understand that I have the right to withdraw from the treatment at any time without in any way affecting my medical care. I consent to the taking of photographs, video and any necessary x-rays/exams before, during and after treatment, and their use in scientific papers, demonstrations or discussion of the procedure in social media, print and online. I recognize that my treatment will not be as successful if I do not complete the appropriate number of treatments in the time recommended by Dr. Taylor.

I agree and understand that I am 100% responsible for financial arrangements and that payment for full treatment is needed prior to the start of treatment. Because results may vary, no refund will be given after completion of treatment regardless of patient satisfaction. I understand that this treatment will most likely NOT be covered by my insurance and I am prepared to pay for treatment out of pocket. Any questions regarding insurance or reimbursement will need to be had with your insurance company directly. Green City Dental is not liable for any miscommunication with you and your insurance company and requires payment in full before the start of procedure.

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Print Name of Patient: _____

Signature of Patient: _____ Date: _____

Print Name of Witness: _____

Signature of Witness: _____ Date: _____

I have accurately read or witness the accurate reading of the consent form to the potential patient, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Treating Doctor: _____

Signature of Treating Doctor: _____ Date: _____

A copy of this Informed Consent has been provided to the participant _____ (initialed by Dr/assistant)

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