Skinworks Dermatology PLLC 136 West 17th Street New York, NY 10011
Javier Zelaya, MD PC 254 Prospect Park West Brooklyn, NY 11215

TREATMENT CONSENT FORM

My signature below constitutes my acknowledgment that I, _____, (Print Name) am a competent, consenting adult of at least 18 years of age, and further, that I:

- have read and understand the information provided in this form; Initial:_____
- have had my procedure adequately explained to me by my clinician; Initial:_____
- have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction; Initial:_____
- have received all of the information I desire concerning my procedure; Initial:_____
- understand all post-procedure recommendations and agree to adhere to them; Initial:_____
- freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure; Initial:_____
- have the right to consent to or refuse any proposed procedure at any time prior to its performance; Initial:_____
- must notify the clinician if my medical history changes prior to subsequent treatments; Initial:_____
- Photographs: I authorize the taking of clinical photography of treatment area and its use for scientific purposes both in publication and presentations. I understand my identity will be protected_____
- No absolute guarantee of any kind has been made to me by either the doctor or his staff regarding the procedure or results
- Payment is per session and is not refundable
- Consent to, and authorize Dr Javier Zelaya and his technician to perform the Procedure

_____ _____
Signature (Patient) Date

Printed Name of Signatory: _____

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