Your WELLNESS CENTER

Halo Pro Fractional Laser Treatment™

The Halo Pro fractional laser treatment uses hybrid technology of 1470 nm non-ablative laser and 2940 nm ablative laser to create controlled zones of coagulation to chosen depths into the dermis that stimulate neocollagenesis (new collagen) and fractionally vaporize (ablate) micro laser channels in the epidermis addressing tone and texture of the skin.

- Laser treatment procedures may produce scanning patterns visible on the skin. This event usually fades while in the healing phase.
- Light from a laser can be harmful to eyes and wearing special safety eyewear is necessary at all times during the procedure.
- A topical anesthetic is used to lessen the sensation of the laser as it interacts with the skin. The sensation, while being treated, may feel like pin pricks, bursts of heat or similar to a sunburn.

Pre-treatment considerations

- If you have previously suffered from facial cold sores, there is a risk that this treatment could contribute to a recurrence.
- No one who has taken the medication Accutane or its generic forms within the last year may have this procedure.
- No one on anti-coagulants may have this procedure.
- Skin care or treatment programs may be used before and after laser skin treatments in order to enhance the results.

Treatment considerations

- The procedure necessitates a post treatment skincare regime that must be followed.
- The Halo Pro fractional laser treatment may produce pinpoint bleeding in the area of the channels. This event usually subsides in a few minutes to a few hours. More uncommon, it can persist up to 24 hours.
- Redness and exfoliation (flaking of skin) is associated with this procedure and may last from 3-4 days depending on the depth and concentration (percentage) of the laser channels of the treatment performed. You may notice a sandpaper texture and bronzing of the skin as the microscopic columns begin to heal. This is treated tissue working its way out as new skin is regenerated.

Contraindications

- Pregnant or lactating women
- Use of photosensitizing medications
- Accutane within the last 6-12 months
- Medical conditions affecting wound healing
- Blood thinner or heavy aspirin use
- Active infection
- Compromised immune system
- Tanned skin, spray tan, or bronzing lotion
- History of skin cancer, especially melanoma
- Antibiotic use 2 weeks before treatment
- Retinol use within 1 week
- Hydroquinone within 3 days
- History of cold sores requires pretreatment
- History of keloid formation

Common side effects and risks

- Edema (swelling) of the skin may occur and can be minimized by keeping the area upright.
- Urticaria (itching) often times occurs as the old skin is shed and the new skin is being formed. A cool compress placed on the area provides comfort. The treated area should be cared for delicately.
- Limited activity may be advised, as well as, no hot tub, steam, sauna, or shower use.
- Discomfort, especially a sunburn feeling, may persist for a few days.
- PIH or post inflammatory hyperpigmentation (browning) and hypopigmentation (lightening) have been noted with laser procedures. These conditions usually resolve within 2-6 months. Permanent color change is a rare risk. Vigilant care must be taken to avoid sun exposure (tanning beds included) before and after the treatment to reduce the risk of color change. After the skin has gone through its healing phase and is intact, sunscreen and / or sun block should be applied when sun exposure is necessary.
- Infection is not usual after treatments; however herpes simplex virus infections around the mouth can occur following treatments. This applies to both individuals with a past history of the virus or individuals with no known history. Should these symptoms occur, the clinician must be notified to prescribe appropriate medical care.
- Allergic reaction is uncommon from treatment. Some persons may have a hive-like appearance in the treated area. Some persons have localized reactions to cosmetics or topical preparations. Systemic reactions are rare.

I understand the nature of the procedure to be performed, the contraindications, side effects, risk, and complications. I acknowledge that I have been given the opportunity to ask any questions regarding the procedure, and these questions have been answered to my satisfaction. I understand the pre and post care instructions and how crucial they are for the success of the treatments. By not following the pre and post care instructions, I understand side effects and complications may occur. Although good results are expected, there is no guarantee on the results that may be obtained. I hereby give my unrestricted informed consent for the procedure and subsequent treatments on all body areas. I hereby release the doctor, the NP/PA and the facility from liability associated with this procedure. I am aware this is a cosmetic procedure and I am full responsible to pay for the entire amount charged. I understand no refunds for any treatment may be rendered, regardless of the results. I understand it is my responsibility to update the office staff with any changes to my medical history, including any contraindications to the above list. I agree to the terms of this agreement.

Patient's Name (Printed): _____

Signature: _____ Date: _____