



ELIASmedical   
A. George Elias, M.D.

9900 stockdale hwy., suite 203 t. 661.663.0300 | f. 661.663.0903  
bakersfield, ca 93311 www.eliasmedical.com

Dear Patient,

As of July 1, 2008, there will be a charge for the following services:

Missed or broken Doctor Office appointment \$25.00

Missed or broken Cosmetic Appointment \$50.00

Copy of Medical Records \$50.00

Completion of Disability and other Forms \$25.00

We also ask that you pay your co-pay and/or deductible at the time of your appointment. We accept Visa, Mastercard, and cash for co-pays. However, we do not accept checks.

If you are requesting a copy of your medical records: Please complete the records release form and allow us 48 hours, as some records have been removed from this office and are in an off-site storage.

An appointment is considered missed or broken when not cancelled prior to 24 hours of the appointment time.

If you will be requiring a refill on your medications please call your pharmacy 3-4 days prior to ensure enough time is available for all approvals to be completed. Allow more time if you will need authorization from your insurance for your medication.

Thank you for your assistance and understanding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



9900 stockdale hwy., suite 203 t. 661.663.0300 | f. 661.663.0903  
bakersfield, ca 93311 www.eliasmedical.com

Botox Consent Form

Botox ® Cosmetic *Botulinum Toxin Type A*

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX® Cosmetic treatment. This is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment. I have requested that Dr. Elias attempt to improve my facial lines with BOTOX® Cosmetic. This is the Allergan Inc. trademark for Botulinum Toxin Type A. These injections have been used for more than a decade to improve spasm of the muscle around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX® Cosmetic is now approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of BOTOX® Cosmetic relax overactive muscles and soften those vertical lines. Injections in other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses.

The results of BOTOX® Cosmetic are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have made concerning expected results. \_\_\_\_\_

The BOTOX® Cosmetic solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next two to seven days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment. \_\_\_\_\_

The most common side effects are headaches, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. BOTOX® Cosmetic should not be used if there is an infection at the injection site.

Additionally slight temporary bruising may occur at the injection site.

I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all. \_\_\_\_\_

I understand that the results are temporary and several sessions may be needed for optimal results. \_\_\_\_\_

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

I certify that I have read, and fully understand, the above paragraphs, and that I have has sufficient opportunity for discussion and to ask questions. I consent to this BOTOX® Cosmetic treatment today and for all subsequent treatments

Patient's Name (Print): \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ELIASmedical**  
**A. George Elias, M.D.** 

9900 stockdale hwy., suite 203 t. 661.663.0300 | f. 661.663.0903  
bakersfield, ca 93311 www.eliasmedical.com

I authorize A. George Elias M.D to perform pulsed light hair removal, pigmented lesion, vascular or acne treatment on me. I understand that the procedure is purely elective.

I understand that: Serious complications are rare, but possible. Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer. Pigment changes (light or dark spots in the skin) lasting 1-6 months or longer may occur. In addition, freckles may temporarily or permanently disappear in treated areas. Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result. Pulsed light can cause eye injury and protective eyewear must be worn during treatment.

I understand that sun or tanning lamp exposure and not adhering to the post-care recommendations provided to me may increase my chance of complications.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Before and after treatment recommendations have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

I \_\_\_\_\_, understand that this is considered cosmetic surgery; therefore I am responsible for the bill because the insurance does not cover these treatments.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# ***SKIN TYPING WORKSHEET***

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

		0	1	2	3	4
	What is your eye color?	Light blue or gray?	Blue or Green	Hazel or Light Brown	Dark Brown	Brownish Black
	What is the natural color of your hair?	Red, Sandy red	Blonde	Dark Blonde chestnut Brown	Dark Brown	Black
	What is the color of your skin? (unexposed areas)	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown
	Do you have freckles on sun-exposed areas?	Many	Several	Few	Incidental	None
	What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rarely burns	Never had burns
	To what degree do you turn brown?	Hardly any or not at all	Light tan	Reasonable tan	Tan very easily	Turn dark brown very quickly
	Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem
	When did you last expose yourself to the sun, tanning bed, or self-tanning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	How often is the area you want treated exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always
Add the above column for Total Score:	Match your score with the skin type.	Fitzpatrick Skin Type				
	0-7 8-16 17-25 26-30 Over 30	I II III IV V-VI				

## **CONSENT FOR LASER/LIGHT-BASED TREATMENT**

I authorize Elias Medical to perform laser/pulsed light cosmetic skin treatments on me, including, but not limited to, the treatment of pigmented lesions (for example, sun spots, age spots, and other skin discolorations), vascular lesions (for example, red spots, leg veins and small spider veins, but not varicose veins), wrinkles, (rhytides), furrows, fine lines, textural irregularities, nonablative skin resurfacing, soft tissue coagulation, ablative skin resurfacing, and reducing or eliminating hair. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The Palomar Icon™ Aesthetic System is a pulsed-light and laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, hemoglobin in the blood or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including me, must wear protective eyewear to prevent eye damage from this light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat. Anesthesia or sedation (calming medication) may be advisable for laser skin resurfacing treatments. If the practitioner or physician elects to use an anesthetic to reduce discomfort during any light-based treatment, all options and risks associated with the anesthetic will be discussed with me. -
- The treated area may be red and swollen for two to twenty-four (2-24) hours or longer. Cooling the area after the treatment (for example, ice packs, topical gels) may help reduce discomfort and swelling.
- Common side effects include temporary redness (erythema) or mild "sunburn"-like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. There also is a risk of resulting unsatisfactory appearance and failure to achieve the desired result.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas.
- Serious complications are rare but possible, such as, scarring, blood clots, skin loss, hematomas (collection of blood under the skin), and allergic reaction to medications or materials used during the procedure.
- I understand and accept that with skin resurfacing treatments, there may be an increased length of social downtime associated with the level of treatment. There also is a chance of additional side effects like blanching and significant redness.
- With ablative laser treatments, there are additional risks of discomfort, focal areas of bleeding, bruising, poor healing, serous discharge, and infections. Serious but rare complications may include scarring, abscess, skin necrosis (dead skin), and injury to other internal structures including nerves, blood vessels, or muscles.
- An occlusive ointment may be used to cover the treated skin and keep it moist to avoid the skin drying out and being crusty or desquamated. Occlusion may exacerbate acne breakouts under the ointment.
- There is no guarantee that the expected or anticipated results will be achieved.
- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (SPF 45 recommended) after treatment.
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair re growth may be changed, such as little or no re growth or more re growth than before.
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment.

- I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s). I understand that all forms of anesthesia and sedation involve risk and the possibility of complications, injury, and in rare instances death.
- Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission.

Before and after-treatment instructions have--been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

**I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.**

I freely consent to the proposed treatment today as well as for future treatments as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_