

Strongsville
**DENTAL & LASER
AESTHETICS**



The level of advanced care you deserve.

**Informed Consent Form for SmoothLase Non-Surgical Intraoral Laser Wrinkle Reduction and Prevention
and/or
LipLase Non-Surgical Laser Lip Enhancement, Plumping and Rejuvenation**

Strongsville Dental & Laser Aesthetics
Chris B. Theodorou DMD

**Part I:
Information:**

Dr. Chris Theodorou has been trained by Dr. Shiffman exclusively. Dr. Shiffman is the trademark holder and developer of both of these procedures.

Purpose:

This treatment is an alternative procedure for patients who do not want injectable, fillers or invasive surgical procedures to cosmetically alter their appearance.

Type of Dental Intervention:

Erbium: Yag Laser non ablative (non cutting) treatment of the soft palate and surrounding area.

Procedures and Protocol:

1. Treatment Consent
2. Photos/Video Consent
3. Pre-op Photos
4. Fill out Pre Treatment Evaluation
5. Laser treatment approximately 30mins
6. 2 repetitions of Laser treatment -2 weeks apart
7. Post operative photos

Procedure:

The intra-oral use of Erbium: Yag Laser.

Post operatively, with SmoothLase, you may feel a sensation similar to a mild irritation or dryness for a day or two. With LipLase you may experience surface peeling of the lips.

Benefits:

- A. No injections/needles
- B. No toxins (i.e. 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

Unusual Occurrences:

As with any form of medical or dental treatment, unusual occurrences can and do happen. Mouth sores, muscle spasms and sore jaw muscles are all possible occurrences. Most of these complications and unusual occurrences 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.

Confidentiality:

All data will be kept confidential, only the results will be tabulated for research according to standard protocols.

Right to Refuse or Withdraw:

You have the right to withdraw before the completion of treatment.

Alternative Treatments:

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 before, during and after treatment, and their use in scientific papers, demonstrations or discussions of the procedure in social media, print and online.

Print Name of Patient: _____

Signature of Patient: _____

Date: _____
Day/Month/Year

Print Name of Witness: _____

Signature of Witness: _____

Date: _____
Day/Month/Year

I have accurately read or witnessed 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: _____
Day/Month/Year

A Copy of this Informed Consent form has been provided to the participant _____ (initialed by doctor/assistant)

Strongsville
**DENTAL & LASER
AESTHETICS**



The level of advanced care you deserve.

Adult Model Release

In consideration of my engagement as a model, upon the terms herewith stated, I hereby give to Chris B. Theodorou DMD his heirs, legal representatives and assigns, those for whom Chris B. Theodorou DMD is acting, and those acting with his authority and permission:

a) the unrestricted right and permission to copyright and use, re-use, publish and republish photographic portraits, videos or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I also permit the use of any printed material in connection therewith.

c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

d) I hereby release, discharge and agree to save harmless [photographer], his/her heirs, legal representatives or assigns, and all person functioning under his/her permission or authority, or those for whom he/she is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

e) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Name: _____

Date: _____

Signature: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Witness: _____