



AK Care
375 Howden Blvd. Unit 2
Brampton, ON L6S 4L6

info@ak.care
647 622 7325

Plasma IQ Informed Consent

I _____ authorize Dr. Khakshae to perform Plasma IQ treatment on me.

Plasma IQ is a minimally invasive, ablative technology that uses thermal energy by radio frequency micro-currents to create a controlled skin surface micro-injuries and subsequently to rejuvenate and tighten skin and reduce the signs of aging. Plasma IQ is FDA-cleared to be used in the removal and destruction of skin lesions and the coagulation of tissue.

Microbeams of plasma provide focused energy treatment to help reduce the appearance of fine line and wrinkles, and the removal of unwanted skin lesions for a refreshed and renewed appearance.

Plasma IQ immediately produces desiccated tissue (carbon crusts) which serve as a natural and protective biological dressing during the skin's regenerative healing process.

Contra-indications

Birthmarks; Tattoos; Warts; Bleeding problems; Auto-immune problems like Lupus; Dark skin- Fitzpatrick 4-6; Implantable pacemaker; Metal or electric implants; Pregnancy and breastfeeding; Heart disease; Uncontrolled diabetes; Circulatory problem; Active cold sore; Skin diseases like psoriasis, eczema, vitiligo, and cellulitis; History of previous post-procedure scar or hyperpigmentation

Benefits

Rejuvenating the skin and reducing signs of aging; Improving skin smoothness and texture; Increasing the skin's natural glow

Risks

Swelling & bruising; Scabbing & crusting; Skin discolouration; Scarring; Redness & tenderness
Immediate redness and carbon crusts are normal reactions.

Hyperpigmentation of the treated area is a possibility especially in ethnicities with darker skin colour, sun exposure, secondary infection, and not using proper skin care before or after the procedure

Photographs

I give my consent for photos to be taken before and after the procedure for documentation. These photos may be shown to other patients or placed on his website or social media (cross out if not consenting).



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Anesthesia

I consent to the administration of anesthetics considered necessary or advisable for more comfort. Complications including skin irritation, light-headedness, rapid heart rate, tongue numbness and rarely seizure were explained.

I informed Dr. Khakshae of all my health and medical history requested.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been given to me concerning the results of the procedure and duration of it's effect. Achieving best results may require more than one treatment. After initial healing, a subsequent treatment may be performed, if necessary, 8 to 12 weeks later.

I understand no refund will be given after treatment is received.

I was explained about pre-procedure, procedure and post-procedure care.

Name: _____ Signature & Date: _____