Delegation

Jill M Sohayda M.D. is licensed to practice medicine in the State of Colorado. She is delegating these medical services to Rocky Mountain Laser College and acting as its Medical Director. She can be contacted at 303-973-3683.

The service the client is receiving is a medical service; the delegatee of the service does not have a medical license in the State of Colorado. The delegatee is providing the service pursuant to the delegated authority of the physician and, the delegating physician is available to personally consult with the patient or provide appropriate evaluation, treatment or referrals in relation to the delegated medical services.

Acknowledgement

1. I understand the potential benefits of the proposed elective procedure, alternative treatment options and I do not have to have this treatment.
2. I understand there are risks in the practice of medicine and that there are NO guarantees of effectiveness.
3. I understand more than one procedure may be needed.
4. I have disclosed a full and accurate personal medical history.
5. I have read the above disclosure, and by signing below I give consent to proceed with the medical service.
6. My questions regarding the procedure have been answered satisfactorily by the laser specialist and I have the option to have my consultation performed by the Medical Director.
7. I understand the procedure and accept the possible complications.
8. I hereby release the laser specialist, clinic, and the Medical Director from all liabilities associated with the above indicated procedure.
9. I understand exposure of my eyes to laser light could harm my vision so I must keep eye protection on at all times.
10. I agree to allow the medical services to be performed by a delegatee of the Medical Director.
11. I understand insurance companies will not cover this treatment.
12. I agree to comply with after-care guidelines which are crucial for skin healing, prevention of scarring and hyper-pigmentation.
13. I will not expose my skin to the sun for 72 hours.
14. In the event of any adverse reaction I will call the healthcare facility promptly at **303-237-9100** and the physician is available to meet me.

Client Signature _____ Date _____