

INTENSE PULSED LIGHT AND LASER CONSENT



BACKGROUND

_____ I understand that Intense Pulsed Light (IPL) is intended for Photo rejuvenation, benign vascular and pigmented lesions, and/or permanent hair reduction and that clinical results vary for different skin types. The laser pulse sensation is most commonly described as similar to a rubber band snapping against the skin; most individuals are able to tolerate this for the short duration of the laser treatment.

Topical anesthetics are available to decrease any perceived discomfort from the laser treatment.

I should NOT have IPL done if I have:

- An autoimmune disease or connective tissue disorders
- Recently tanned skin (including tanning beds and tanning foams)
- Accutane/Isotretinoin treatment over the past 6 months
- Cold sores at time of treatment
- A history of photosensitivity
- History of keloid formation
- Excessive scarring or poor healing (due to diabetes or other conditions)
- Tattoos and permanent makeup; may be altered if in the laser-treated area

RISKS AND COMPLICATIONS

_____ I understand that there is a possibility of side effects.

Possible short term complications include:

- Short term discomfort - or a stinging sensation - similar to wind burn
- Redness and mild swelling that may last from 2-48 hours
- Blistering and bruising
- Unintended loss of hair (this can be permanent and uneven) around the areas of IPL treatment
- Hyper – or – hypo-pigmentation may occur
- Scars and/or infection

PHOTOGRAPHS

_____ I understand that photographs may be taken for my medical chart only. No photos will be used in any way without my written permissions.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

_____ I am not aware that I am pregnant, have any significant neurological disease, or have any allergies to IPL.

PAYMENT

_____ I agree to pay the exact value for the above mentioned services, and I understand that there will be no refund for any performed services.

RESULTS

Based on the experience of many other physicians, it has been found that those people who tend to sunburn rather than tan usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results, and some will experience no improvement at all.

Due to the nature of this treatment, exact results cannot be predicted, and I acknowledge that no guarantees have been made to me as to the results that may be obtained. I further understand that no promises of permanence have been made to me regarding any laser-assisted hair removal or skin care treatments.

CONSENT

_____ I have read this agreement, and my questions were answered to my satisfaction. I give my informed consent for IPL or laser treatment today, as well as for future treatments that may be needed. I agree to adhere to all safety precautions and regulations during the laser treatment. I have received and understood post treatment care recommendations. I understand that I have the right to refuse treatment.

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Please call our office at 321.720.5473 with any questions or concerns.
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Client Signature _____ **Date** _____

Print Client Name _____

Witness Signature _____ **Date** _____

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PHOTOGRAPHIC RELEASE CONSENT

Client Signature _____ **Date** _____