



IPL Informed Consent

Intense Pulsed Light ("IPL") is a treatment that is used to improve the overall color of the skin by making it more evenly pigmented. It is used to treat freckles, sun damage, texture, tone, mild acne and pore size by improving skin texture and tone. This company uses an IPL device that is FDA approved. Best results are typically seen in 3 to 6 treatments.

I understand that clinical results may vary depending on individual factors including but not limited to medical history, skin type, at home skin care regimen, patient compliance with pre/post care instructions and individual response to treatment.

Contraindications For This Treatment Include:

- Unprotected sun exposure, tanning beds, and sunless tanners 1 to 3 weeks prior to treatment
- Photosensitive antibiotics taken up to 1 week prior to treatment
- Pregnancy
- Bacterial or viral infection
- Uncontrolled diabetes
- Impaired immune system and poor healing
- Accutane within the past 12 months
- Scleroderma, Vitiligo, Melanoma, Irregular Pigmentation, Psoriasis
- Extensive radiation therapy
- History of cancer within past 5 years
- Melasma is hormonal, it may get better or it may get worse following the IPL

I am aware of the following risks which include but are not limited to:

1. Mild to moderate discomfort or pain. Many patients describe the sensation as the "snap of a rubber band" against the skin.
2. Redness or swelling of the skin. A slight "sunburned" sensation is normal and usually lasts up to several hours.
3. Sun sensitivity in the treated area. Avoid the sun and use sun block with at least a 30 SPF.
4. Skin sensitivity The skin may be more sensitive for a few days following treatment, and you should avoid shaving, rubbing or scratching for at least 24 hours. Avoid use of buff puffs or scrubs for at least 48 hours.
5. Microcrusting/Wound Healing Darkening of pigment, called "microcrusting," after the treatment is normal and expected. Full darkening can take up to several days and usually flakes off after one week or several weeks or longer if done on the body. In some cases, crusting of the treated areas can occur which may require one to two weeks to heal. Once the surface is healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.

Though rare with this procedure, I am aware the following may also be considered risks not limited to:

- Bruising/Infection. With some devices, bruising of the treated area may occur. Additionally, a skin infection is a possibility although rare, whenever a laser skin procedure is performed.
- Pigment Changes (Skin Color). During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent.
- Burns/Marks on Skin. Although rare, burns and burn markings can occur and are usually related to sun exposure, self tanners and/or photosensitive medications too close to treatment. Be sure to disclose any of the prior noted contributors.
- Scarring. Scarring is a rare occurrence, but it is a possibility if the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully.
- Eye Exposure. Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental IPL exposure.

I acknowledge that due to my unique skin composition, there are no guarantees, warranties, or assurances that I will be satisfied with my results.

I understand that this treatment may involve risks of complication from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition or habits that may have a bearing on this procedure including but not limited to medical history, past or future tanning or sun exposure, medications, supplements, skin care regimen, etc.

I consent and authorize a staff member of this company, who has been trained in IPL, to perform IPL on me. I agree to pay for this treatment. I understand that I have the right to refuse or stop treatment at any time, but that no refunds will be provided once payment is made (including and even if I am dissatisfied with results of my treatments).

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form as well as the information provided in the Pre/Post Care form. I agree to have my photograph taken to document my condition. A member of the company's staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. I have been given the opportunity to ask questions and require no further time to review this consent. This document is a written confirmation of these discussions.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, Client Name HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Client Signature

Date

Witness Signature

Date