



IPL

Consents

PHOTOFACIAL / SKIN REJUVENATION AND /OR NON-ABLATIVE WRINKLE REDUCTION INFORMED CONSENTS:

Light can be used effectively to destroy targets located in the skin with minimum damage to the surrounding tissues. Light is used to lighten, fade or remove photodamaged skin in a non-ablative manner—a procedure known as photo rejuvenation. Visible signs of photo damage include wrinkling, enlarged pores, coarse skin texture and pigment alterations.

Possible side effects

Phototherapy, despite its high levels of efficacy and safety, is not free of side effects. Redness and swelling of the treated area can occur; it usually subsides within a few hours, but it can last seven days or longer. Irritation, itching, and/or a mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment. Areas with brown discoloration may appear much darker after treatment, much like coffee grounds, and will flake off or fade after three to five days on the face. On other areas of the body, these dark spots may take up to two weeks to flake or fade.

Pigmentary changes, such as hyperpigmentation and hypopigmentation of the skin in the treated areas, can occasionally occur. Mostly, it is transient, lasting up to six months, but in rare cases, it can be permanent. Alerting your provider to any recent sun exposure can decrease the chances of pigmentary changes.

Rarely, scarring, which can be hypertrophic or keloid, can occur. Other known complications of this procedure include blisters, reddening, pinpoint pitted scars, superficial crusting, burns, pain and infections. These side effects are usually temporary, lasting from five to 10 days, but they can be permanent as well. Additionally, there is a known and expected loss of hair in the treated areas; this is usually temporary, but in rare cases, it may be permanent.

I acknowledge that while good results are expected, I may be disappointed with the results of the procedure. I understand there is no guarantee of results of any treatment. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes. I agree to follow the pre- and post-treatment instructions carefully. I understand that compliance with the recommended pre- and post-procedure guidelines is crucial for healing, reducing the risk of scarring, and other side effects and complications.

I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months, with gradual results occurring over this time. Clinical results will vary per patient. There may be other treatment options, such as microneedling, other types of lasers or light sources, or peels. With this in mind, I am choosing this non-invasive treatment for vascular and/or pigment lesions and other indicated skin conditions. The nature, risks and purpose of the treatment have been explained to me, and all my questions have been answered to my satisfaction. I, therefore, consent to this treatment.

Printed Name: _____

Signature: _____ Date: _____