IPL (Intense Pulsed Light) Informed Consent

I understand that intense pulsed light (IPL) therapy is a noninvasive procedure designed for photo rejuvenation as well as to lighten, fade, or remove benign blood vessels, birthmarks, and sun damage/pigmentation spots. The light wavelength, exposure duration, and energy level are chosen to selectively damage the targeted blood vessel or pigmented lesion with minimum damage to surrounding tissue. IPL therapy may consist of multiple treatments given over several months with gradual clearing occurring over this time. While IPL treatments are effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

Contraindications For This Treatment Include:

* Sun exposure, tanning beds, and sunless tanners 2 weeks prior to treatment
* Photosensitive antibiotics taken up to 1 week prior to treatment
* Pregnancy
* Untreated Bacterial or viral infections
* Impaired immune system and poor healing
* Accutane within the past 6 months
* Scleroderma, Vitiligo, Melanoma, Irregular Pigmentation, or Psoriasis
* Extensive radiation therapy
* History of cancer within past 5 years
* Melasma is hormonal. It may get better or it may get worse following IPL treatment

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

* Mild to moderate discomfort or pain. Many patients describe the sensation as a "snap of a rubber band" against the skin.
* Redness or swelling of the skin. A slight "sunburned" sensation is normal and usually lasts up to several hours.
* Sun sensitivity in the treated area. Avoid the sun and use sun block with at least an SPF of 30.
* The skin may be more sensitive for a few days following treatment. Avoid shaving, rubbing or scratching for at least 24 hours. Avoid exfoliating, including the use of scrubs for at least 48 hours.
*Darkening of the pigment or "microcrusting" after the treatment is normal and expected. Full darkening can take up to several days and usually flakes off after 1-4 weeks. Once the surface is healed, it may be pink or sensitive to the sun and should be protected with an SPF of at least 30.

**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 the 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.

*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. This document is a written confirmation of these discussions.

____________________________________  ________________________
Patient Signature                        Date