

IPL Photo Facial Consent

The IPL device is used for the treatment of benign pigmented and vascular skin lesions. IPL treatments are a series of approximately 5 treatments performed at approximately 4-week intervals. Actual results vary from patient to patient. The IPL treatment is a cosmetic procedure and insurance is not accepted.

The procedure is contraindicated in the following situations: pregnancy, the use of medications that cause photosensitivity (sensitivity to sunlight/light), a history of bleeding disorders, sun exposure (tanning) 3 weeks prior to treatment, or planned sun exposure within 5 days after any treatment. Diseases that increase sensitivity to sunlight/light (Lupus/SLE) or very dark skin types also should not undergo IPL treatments.

I understand that there are possible risks to these treatments, similar to any other medical procedure. These risks include rare side effects such as scarring and permanent skin discoloration as well as short-term effects such as redness, burning, bruising, blistering and temporary skin discoloration. These side effects have all been fully explained to me and I accept the risks of the IPL treatment series.

I understand that IPL treatments may affect hair growth. For this reason we do not treat over men's bearded areas unless expressly discussed with the medical aesthetician.

To achieve optimal results from the IPL treatment series, we strongly encourage maintenance treatments. Usually this consists of 1 treatment every 4-6 months.

I consent to the taking of photographs during the course of my laser therapy for the purpose of monitoring the progress of treatment. These photographs will remain in the medical chart and will not be used for any other purposes.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature: _____ Date: _____

Patient Name: _____
(Please Print)

Witness: _____ Date: _____