

About Face & Body

IPL Photofacial/Intense Pulse Laser Consent

I, _____ consent to and authorize About Face & Body/Staff to perform Laser treatment on me. Laser Light can be used effectively to target and destroy unwanted pigment and vascular lesions located beneath the skin. Laser light can be used to lighten, fade, or remove photo-damage in the skin in a non-ablative manner, a procedure known as photo rejuvenation. Visible signs of photo damage include broken capillaries, pigmented skin (sunspots), enlarged pores, coarse skin texture, and fine lines and wrinkles.

Photo light therapy, despite its high levels of efficacy and safety, is not free of side effects. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last up to seven days or longer. Irritation, itching and/or a mild burning sensation or pain similar to sunburn may occur within 48 hours of treatment.

Complications of this procedure may include blisters, redness, pinpoint pitted scars, bruising, superficial crusting, burns, pain, and infections. These side effects are not common and are usually temporary, lasting from 5 to 10 days, but can be permanent as well. Scarring, which can be hypertrophic or even keloid is rare but can occur.

The skin at or near the treatment site may become irritated. If this happens, avoid wearing makeup or harsh lotions on the treated area. Avoid excessive rubbing or picking as this might tear the skin. A blue-purple bruise may appear on the treated area, which might last from 5 to 15 days. As the bruise fades, there may be rust-brown discoloration of the skin, which fades in 1 to 3 months or longer.

Skin discoloration changes such as hyperpigmentation (darkening) and hypo pigmentation (lightening) of the treated areas can occur. Most are transient, lasting a few months, but in rare cases can be permanent. Most cases of hypo or hyper pigmentation occur in people with darker skin or when the treated area has been exposed to sunlight before or after treatment. Occasionally these pigmentary changes occur despite appropriate protection from the sun.

Eye damage can occur from the light and therefore protective eyewear must be worn during all photo-therapy sessions by everyone in the room.

I have read and understand the pre and post treatment instructions. I agree to follow these instructions carefully. I understand that compliance with the recommended pre and post procedure guidelines are crucial for healing, preventing of scarring, and other side effects and complications such as hyper or hypo pigmentation, and other skin textural changes.

Photographs: I give permission for my photographs to be used to help document my treatment course. Complete confidentiality will be maintained.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for the 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. I agree to adhere to all safety precautions and regulations during the treatment.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. Prepaid services can be used 12 months from the purchase date. A 24 hour cancellation is required. No refunds will be given for treatments received.

I release About Face & Body from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administration, successors, and assigns.

Client Name (Printed) _____ Date _____

Client Signature _____

Witness (print) _____ Date _____

Witness signature _____

Client Name (Printed) _____ Date _____

Client Signature _____

Witness (print) _____ Date _____

Witness Signature _____

Client Name (Printed) _____ Date _____

Client Signature _____

Witness (print) _____ Date _____

Witness Signature _____

Client Name (Printed) _____ Date _____

Client Signature _____

Witness (print) _____ Date _____

Witness Signature _____