

## Informed Consent for Intense Pulsed Light (IPL) Treatment

\_\_\_ 1. I, \_\_\_\_\_, consent to and authorized Image Perfect Laser, Inc. to perform multiple treatments, light and or laser procedures and related services on me.

\_\_\_ 2. The nature and purpose of this treatment(s) have been explained to me as the intense light reduction of age spots, red capillaries and vessels, hyperpigmentation, pore size, and stimulation of collagen. Questions I have regarding the treatment have been answered to my satisfaction.

\_\_\_ 3. I understand that this treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. Although rare, some possible complications that may present are:

- Bruising
- Blistering and graying of the skin: may require a few weeks to heal. Scabs may form at the site of blisters.
- Scarring is a rare complication. Possibly from infection or blistering.

\_\_\_ 4. It has been explained to me that areas of pigmentation and redness will become darker or may bruise and this condition may last for approximately 5-7 days following treatment.

\_\_\_ 5. Although we have not seen permanent complications with the IPL, patients with the following conditions are at a higher risk: Tanning within the preceding six weeks; active skin infections in the treatment area, history of keloid scarring, use of Accutane within the preceding year, current use of photosensitive antibiotics/medications.

\_\_\_ 6. The means of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

\_\_\_ 7. It has been explained to me that expected results may vary depending on both skin type and degree of sun damage. No guarantee, warranty or assurance has been made to me as to results that may be obtained. Every individual's treatment response is different; therefore, I am aware that follow up treatments may be necessary for desired results.

\_\_\_ 8. I agree that any pictures taken of me or my treatment site may be used for the purpose of monitoring my progress.

\_\_\_ 9. I understand there is a 24 hour cancellation policy. A \$50.00 minimum fee or half the treatment cost may be charged; whichever is greater, if I fail to show or do not cancel at least 24 hours prior to my scheduled appointment.

\_\_\_ 10. I certify that I have read this **Informed Consent** and that I understand and agree to information provided in this form. I certify that I am a competent adult of at least 18 years of age. This **Informed Consent** is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

\_\_\_ 11. I agree to adhere to all safety precautions and regulations during the course of IPL treatments.

\_\_\_ 12. I agree to disclose any changes in my medical condition and medication list upon any applicable subsequent visits.

**Client/Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_