



IPL and Laser Consent

I authorize Advanced Skin Care to perform Intense Pulsed Light or Laser treatments for permanent hair reduction, vascular lesions, pigment lesions or skin tightening on me. I understand that the procedure is purely elective and that it can take many treatments to get the desired results.

I understand that serious complications are rare, but possible. Common side effects are; but not limited to temporary redness and mild “sunburn” like effects that may last a few hours to 3-4 days (sometimes longer). I understand that treatment of benign pigmented lesions and vascular lesions cannot be accomplished without producing some epidermal damage and that this may take 2-4 weeks to resolve. Swelling can occur and could last up to 72 hours. Discomfort may be treated with the application of cool compresses and topical soothing agents.

Pigment changes (light or dark spots on the skin) lasting 1-6 months or longer may occur. In addition, freckles may lighten and/or temporarily or permanently disappear in treated areas. There is the likelihood of coincidental hair removal when treating pigmented or vascular lesion in hair bearing areas.

Other potential risks include blistering, crusting, itching, pain, bruising, skin whitening, burns, infection, scabbing, scarring and failure to achieve the desired result. IPL and Laser can cause eye injury and protective eye wear must be worn during treatment.

Although there is no evidence of injury from IPL or Laser treatment during pregnancy, we take the proper precautions and do not treat women who are pregnant.

I understand that sun exposure, use of tanning lamps, or use of self-tanning creams and not adhering to the post care instructions provided to me may increase my chance of complications.

I understand the importance of having an accurate diagnosis by a healthcare professional of brown spots prior to treatment, as treatment of an undiagnosed skin cancer may delay proper medical care.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used without my permission.

Before and after treatment instructions have been discussed with me. I have read and understand the attached . I have had all my questions answered. I freely consent to the proposed treatment.

Client

Signature _____ Date _____

Technician

Signature _____ Date _____