

Informed Consent for IPL Photofacial

Clients Name: _____ Date: _____

Most procedures require more than one treatment session. Most clients will need between 3-6 treatment sessions. I understand that to achieve maximum results the protocol prescribed should be followed. The treatment schedule is designed to maximize the results.

I authorize Crestview Laser Aesthetics and its designated staff to perform IPL and/or Laser Treatments on my person. I have been advised of the possible adverse reactions that are as follows:

1. Short Term Effects may include reddening, swelling, bumps, mild burning, and temporary bruising or blistering. Hyperpigmentation (darkening of the skin) and Hypopigmentation (lightening of the skin), although rare, may occur. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk, less than 1%. Avoiding sun exposure before and after treatment reduces the risk of color change.
2. Infection following treatment is quite unusual, but bacterial, fungal and viral infections can occur. The laser can stimulate herpes simplex virus infections around the mouth.
3. Allergic Reactions although, rare, may occur.
4. Scarring is a rare but possible complication; our laser has many built in safety features to minimize this risk.
5. Pinpoint Bleeding, or Bruising can occur following treatments, and will lessen over time.
6. Every client to prevent exposure to the laser light beam must wear eye Protection during treatment.

In fairness to our staff and other clients, our office requires a 24-hour cancellation notice. A fee of half the service cost will be charged for missed appointments or appointments cancelled less than 24 hours before appointment time. In fairness to you, our office will give you a \$25.00 credit for any appointment we have to cancel with less than 24 hour notice, except for reasons beyond our control such as inclement weather, disasters, or safety concerns.

I give permission to photograph my treatment area for the use of educational purposes and to track my progress. Initials: _____

By signing below, I acknowledge that I have read the adverse reactions above and feel that I have been adequately informed of the risk of the procedure(s). Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have had ANY sun exposure, or used artificial tanners. I understand that some medications and tanning can make my skin photosensitive and lead to increased risk of complications. I also agree to comply with the recommended aftercare instructions that are crucial for healing and prevention of scarring and hyper/hypopigmentation.

I hereby release Crestview Laser Aesthetics and its staff from liability associated with the above.

Client Signature: _____ Date _____