

Intense Pulsed Light Informed Consent

I understand that intense pulsed light (IPL) therapy is a noninvasive procedure designed to lighten, fade, or remove benign blood vessels, birthmarks, sun damage/pigmentation spots, spider leg veins, and/or stretch marks. The light wavelength, exposure duration and energy level are chosen to selectively damage the targeted blood vessel or pigmentation with minimum damage to surrounding tissue. IPL therapy may consist of multiple treatments given over several months with gradual clearing occurring over this time. While IPL treatments are effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. Clinical results may vary per patient and it may be determined that IPL therapy may not be completely effective in treating the client's particular condition. I hereby authorize the certified professional or other laser technician of Audubon Dermatology, LLC to perform IPL treatments on the above listed area(s). I further authorize the certified Audubon Dermatology, LLC or other laser technician professional to do any other procedure that in their judgment they may dictate to be necessary or advisable should unforeseen circumstances arise during the procedure.

The potential benefits of the proposed procedure, the probability of success, and the most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including but not limited to infection, scarring, burns, pigmentation changes, and pain have been discussed with me. Contraindications may include: pregnancy, use of medications that increase photosensitivity, diabetes, history of keloid scarring, use of anticoagulants, and history of bleeding disorders. Recent sun exposure or planned sun exposure is also contraindicated.

I am aware of the following possible experiences/risks with intense pulsed light treatments:

- Intense pulsed light may not completely remove and will not prevent future vascular or pigmented lesions. Results are not guaranteed.
- Discomfort may be experienced during the procedure. The sensation of the IPL treatment may feel like a moderate to severe prick or a sensation of heat which lasts for only a few seconds. I give my permission for the administration of topical anesthetics when deemed appropriate.
- Transient epidermal (skin) injury manifested with symptoms including mild burning, erythema (redness), edema (swelling), and/or blistering may be

experienced. The treatment may result in transient textural changes such as weeping, crusting, scabbing or flaking of the treated areas, which may require one to three weeks to heal. Once the skin surface has healed, it may be pink and sensitive to the sun for an additional two to four weeks. Bruising of the area may occur. Skin infection is a possibility any time a skin procedure is performed.

- During the healing process, there is a possibility of the treated area becoming either darker (hyperpigmented) or lighter (hypopigmented) in color than the surrounding skin. This is usually temporary, but on a rare occasion, it may be permanent.
- Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is the patient's responsibility to follow all post-treatment instructions carefully. Persons with a history of keloid scar formation may be more prone to scarring after any skin trauma, including IPL treatments, therefore caution is advised.
- Those who carry the herpes simplex virus and receive treatment near the affected area, on their upper lip, chin, or lower cheeks, may have a "flare-up" of their condition. Inform your doctor if you have a history of Herpes Simplex Virus.
- The patient is required to wear dark glasses or opaque eye shields during the treatment. While the light is not in itself dangerous, it is very bright (similar to a camera flash). Repeated exposure to the light may induce headaches in some people. Protective eyewear will be provided.

Your fee is payable to your physician on the day of treatment by cash, credit card, or personal check. Should you need a test spot, this fee is \$50 and is not applicable to your laser appointment. I understand that I am financially responsible for the total charges related to this procedure. I understand that this is a cosmetic procedure, which cannot be billed to my insurance company.

By my signature below I certify that I have read, or have had read to me, and fully understand the contents of this consent for intense pulsed light therapy and that the disclosures referred to herein were made to me. I understand the risks and alternatives involved in this procedure. I also understand that there may be other treatment options. With this in mind I am choosing to try IPL, a non-invasive treatment for vascular and/or pigmented lesions. I have had the opportunity to ask any questions that I had, and all of my questions have been fully answered to my satisfaction. No guarantee, warranty, or assurance has been made to me

as to the results that may be obtained. Clinical results will vary per patient. No refund will be given.

Client's Name (Please Print): _____

Client's Signature: _____

Date: _____

Time: _____