Consent for IPL (Intense Pulse Light)

Patient Name: _______________________
Area to be Treated:  FACE  CHEEKS  NECK  CHEST  HANDS  Other:_____________________

I understand that the IPL System is intended for photo-rejuvenation with reduction of redness or vascularity and /or reduction of hyperpigmentation (sun or age spots).

I understand that there is a possibility of rare side effects (initial that you understand):

_______ scarring
_______ temporary or permanent discoloration
_______ herpetic outbreak
_______ burn
_______ need for additional treatments
_______ failure to eliminate redness or brown spots

I understand that the treatment by the IPL system involves a cosmetic payment not covered by my insurance, and the fee structure has been fully explained to me. An average of three treatments are required to achieve your clinical endpoint (i.e. reduction or red and/or brown spots), I give my informed consent for IPL treatment today as well as future treatments as needed. I also understand that there are other options for treatment available such as topical creams and lotions. _____________ (please initial).

I read and understand this agreement. My questions were answered to my satisfaction. I agree to the terms of this agreement.

Patient’s Signature: ____________________________________________________________

Doctor’s Signature: ______________________ Date: _________________________________

Settings:______________________________________________________________