



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: _____