



IPL/PHOTOFACIAL CONSENT FORM

I _____ consent to and authorize Luminous Medical Aesthetics to perform IPL treatments on me. Phototherapy, despite its high levels of efficacy and safety, is not free of side effects. It is important to understand, your first treatment session will be at a more conservative treatment level for the safety of your skin. Subsequent treatments we may increase the treatment energy for increase efficacy, but can also increase the potential of unwanted side effect. Ideally, we will obtain a treatment level which is ideal for your skin, but we error on the side of safety first:

Erythema (redness), edema (swelling) and a mild burning sensation much like a sunburn can occur but usually subsides within a few hours

Pigmentary changes such as hyper pigmentation (darkening) and hypo pigmentation (lightening) of the skin in the treatment areas can occasionally occur. Most are transient, lasting up to six months, but in rare cases it can be permanent. Pre existing Dark areas/moles will turn darker and may take a few days to flake off

Other known but rare complications of this procedure include scarring, keloids, blisters, reddening, bruising, superficial crusting, burns, pain, and infections. Any source of light can active herpetic lesions. If you have a history of viral sores, please inform our staff so we who may prescribe antiviral medication. You may have an outbreak even if you have no history of viral lesions.

Additionally, there is a known and expected loss of hair in the treated areas. In a very small percentage of people there is new hair growth in the surrounding areas being treated. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case.

I understand that the treatment may involve risks of complications or injuries from both known and unknown causes, and I freely assume these risks. There may be other treatment options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this noninvasive treatment for vascular and/or pigment lesions and other indicated skin conditions.

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Eye damage can occur from the light and therefore protective eyewear must be worn during all phototherapy sessions.

Not Good Candidates. Generally you are not a good candidate for IPL procedure if you are pregnant, nursing or plan to become pregnant while undergoing IPL treatments. Individuals who have used Accutane within the past six months or who used any medications requiring limited exposure to sunlight are not good candidates for IPL procedure. Individuals with recently tanned skin are advised to delay undergoing the IPL procedure. Those with very dark skin types may be deemed a non-candidate.

I have read and understand the Pre and Post-Treatment instructions. I agree to follow these instructions carefully. Please call your doctor promptly if complications develop after the procedure. I understand that this examination is not meant to replace the necessity for a complete dermatological examination.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary. I agree to adhere to all safety precautions and regulations during the treatment.

By signing this Informed Consent you understand and agree as follows:

The information contained in this Informed Consent was explained to me using terms I could understand, and all my questions and concerns have been answered.. After reviewing all the information provided to me about cosmetic procedures and reviewing my health status, I believe I am a good candidate for IPL procedure.

____ I understand that IPL is an elective procedure and hereby freely accept all possible risks, complications and side effects that may result from this procedure.

____ I acknowledge that IPL procedure will be performed by an employee of Medical Cosmetic Enhancements, who is properly trained and certified in its usage.

____ I agree to return for any recommended follow up visits and follow all post-procedure instructions

____ I understand that no guarantees have been made to me regarding the outcome of IPL procedure.

This consent form is valid for all future IPL treatments performed, and if I will alert the staff if there are any future changes to my medical history, or if I become pregnant

PLEASE LET THE STAFF KNOW IF YOU HAVE BEEN PRESCRIBED ACCUTANE MEDICATION IN THE PAST 6 MONTHS OR CURRENTLY USING PRESCRIBED TETRACYCLINE.

Client's Signature: _____ Date _____

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Client's Name (Printed): _____