

Thank you for choosing Avanti Skin Care Center of Willow Bend. In our ongoing efforts to provide you with the best possible service, we ask that you carefully review this procedural consent form and ask any questions necessary to help you fully understand it. Please sign only after careful review and consideration.

Procedure

Intense Pulsed Light (IPL) systems are used for photorejuvenation. Photorejuvenation assists in the treatment of the following skin conditions:

- Pigmentary changes, including brown spots, sun spots and lentigines, dyschromia and other conditions brought about by sun damage and photo-aging.
- Enlarged pores, poikiloderma and melasma.
- Generalized aging of the skin.

Mechanism

The IPL system produces a broad beam of highly concentrated light. This light is filtered to a wavelength that is selectively absorbed by the target tissues with minimal effect on surrounding tissues. This absorption produces heat, which in turn alters the undesirable target tissues. The body's natural healing process then absorbs the affected tissue and allows for re-growth of healthy tissue. The duration (milliseconds) and energy (fluence) of the light pulse are adjusted for your specific skin characteristics to achieve maximum benefit. The target is usually abnormal pigmentation or small, unsightly blood vessels.

Safety

All required safety precautions and all IPL-specific guidelines will be followed to ensure the utmost in safety during your treatments. This includes the use of protective eyewear at all times while the equipment is in use. We recommend removal of contact lenses during facial treatments.

Alternatives

I am aware of alternative methods of treatment such as topical chemical products and other light-based or laser systems. I realize that various other alternative services may be available through skin care specialists. I understand that my concerns regarding the condition of my skin may be caused by various medical conditions that may require other forms of treatment and that it is my responsibility to explore such options prior to beginning IPL treatments. I have explored such alternatives to my satisfaction, and have made an independent decision to proceed with IPL treatments.

Limitations

I understand that some rejuvenation is achieved in nearly everyone, but that results vary widely from patient to patient. My results are limited by the equipment capability as well as by my personal skin characteristics. Fitzpatrick skin typing will be assessed prior to treatment. I understand that the higher the Fitzpatrick skin type, the greater the potential risk of the treatment. Hormonal therapy and other medical conditions may affect my results. These issues will be/were discussed at the time my medical history is/was reviewed. Results are cumulative, therefore a series of treatments is necessary to achieve maximum benefit. Actual results cannot be guaranteed.

Cautions

I understand that hair follicles in the treated area may be permanently affected, resulting in reduced hair growth. I understand that I should not undergo facial IPL treatments unless I am willing to accept a reduced ability to grow facial hair. If I am subject to keloid formation (thickened scars), excessive scarring or poor healing (due to diabetes or other conditions) I will consult my personal physician prior to proceeding. I understand that we do not treat over tattoos, permanent makeup or moles. I understand that recurrent viral infections such as herpes simplex (cold sores) or varicella (shingles) may be activated. If I have a personal or family history of skin cancer, I have been advised to consult a specialist before having pigmented lesions treated. Prior to any treatment, **I will advise Avanti Skin Care Center of Willow Bend of any history of excessive bleeding or bruising, if I have sun sensitivity or am using any sun sensitizing medications, hormones, steroids, Accutane, Retin-A or similar products, or contraceptives.** I understand that all reflective objects, such as jewelry and watches, must be removed if near the treatment area.

Skin Effects

I understand that most people will typically experience temporary redness, bruising, swelling and flaking of pigmented areas. Some skin swelling (edema) may occur especially following facial treatments. Bruising, blistering, scabbing, infection and other skin changes are also possible, although much less likely. I understand that in most cases, all of these effects should resolve themselves within a few hours to several days following treatment. I understand that cold compresses and recommended skin care products may be beneficial, and in extreme cases a mild steroid cream, to reduce swelling, or antibiotic may be necessary to prevent infection. Scarring is extremely rare and usually occurs in those with a predisposition such as a history of keloids or other excessive scarring. I have been advised not to undergo IPL treatments if I have such a history and under these circumstances acknowledge that Avanti Skin Care Center of Willow Bend cannot guarantee the outcome of my treatments. I agree to carefully follow the pre and post-treatment instructions to reduce the likelihood or severity of any adverse skin changes.

Pigment Changes

I understand that hypo-pigmentation (decreased skin coloration) or hyper-pigmentation (increased skin coloration) are possible side effects and, although rarely permanent, may last several weeks to months. I understand that post-treatment use of sunscreen is advised to minimize this risk, and that in some cases bleaching creams may provide additional benefit.

Long Term Risk

I understand that the risks of IPL treatments may not be fully known. The information presented to me is based on clinical studies conducted over a relatively short period of time. Although considered safe, Avanti Skin Care Center of Willow Bend cannot be held responsible for any IPL risk not yet discovered or commonly known.

Continued Consent

I agree that this consent shall apply to all subsequent IPL treatments.

Guarantee

I understand that although every reasonable effort will be made to achieve a desirable outcome no guarantees are stated or implied.

PRE & POST-TREATMENT INSTRUCTIONS:

I understand that failure to carefully follow the instructions below may affect my treatment outcome and increase the likelihood or severity of complications. I agree to review and adhere to these instructions prior to each appointment.

Prior to Your Appointment:

- Avoid sun tanning for at least 2 weeks prior to treatments. This will also be required after treatments. You must avoid self-tanning creams for at least 1 week prior to treatments.
- Do not use any medication that causes photosensitivity for at least 72 hours prior to treatments. If you are taking a prescription medication that causes photosensitivity, please contact your prescribing physician to discuss your options.
- Do not use Accutane (or products containing isotretinoin) for at least 6 months prior to treatments. Use of Retin-A (or products containing tretinoin) is acceptable up to 5 days before treatment, provided there is no skin reaction present.
- We recommend that you avoid the use of aspirin, ibuprofen and other anti-inflammatory or blood thinning medications at least three days prior to treatments, as these will increase the likelihood of bruising.
- The treatment area must be free of any open sores, lesions or skin infections. For treatment of pigmented skin lesions, you should consult a specialist if there is a family or personal history of skin cancer or if you have these concerns.

On The Day of Your Appointment:

- Shave any hair present in the area to be treated. Men should shave the beard area twice in succession in order to ensure as close a shave as possible.
- Gently wash the area to be treated, removing makeup, lotion, etc. Do not apply any creams, lotions or other products to the area except a topical anesthetic (if being used).
- If you have elected to use a topical anesthetic, do so only after reviewing all cautions associated with its use. Apply and use as directed prior to arrival.
- If applicable, dress so that you may modestly expose the treatment area.
- The timing of each patient’s appointment is critical. In order for us to keep all patients on schedule we ask that you please be on time for your appointments.

After Your Treatment:

- You will have a mild sunburn sensation following treatment that is usually gone within a few hours. Skin redness, flaking, mild bruising and/or slight edema (swelling) is normal and may last a few days. Blistering is uncommon and when it occurs it is generally not serious. Pigmented areas may begin to flake after a few days. Allow this process to occur naturally.
- Cold compresses (not ice) and recommended skin care products may be useful to reduce swelling or discomfort. You may take over-the-counter pain or anti-inflammatory medication. Hydrocortisone (steroid) cream may decrease any itching or skin irritation. Antibiotic ointment (such as Neosporin) may be used if skin is broken, to prevent infection.
- Your skin will be fragile for 2-3 days. Use gentle cleansers, but do not rub the skin vigorously and avoid hot water during this time. Skin moisturizers may be used immediately and makeup can be applied if the skin is not broken.
- It is important to avoid sun exposure and tanning creams between treatments. Use SPF 35 or greater on the treatment area at all times.
- The treatment area may be left open and uncovered with no bandage or special dressing required. **Do not scrub or exfoliate the area. Do not use any products on the treated area without first consulting our staff.**
- In the rare case that you experience any blistering or scabbing, please call us as soon as possible. Contact us if you experience persistent or unusual redness, swelling or drainage, as antibiotics may be necessary. If any pigment changes are bothersome or persist beyond 4 weeks, please discuss this with us.

I certify that I am a competent adult of at least 18 years of age.

My signature attests to the fact that I have fully read this entire consent form, that I have had any questions or concerns answered to my satisfaction, that I understand and agree with the information contained herein, and accept the risks inherent in undergoing this treatment.

I hereby consent to the use of the Intense Pulsed Light (IPL) system in the hopes of attaining the desired benefits.

Issued by Avanti Skin Care Center of Willow Bend _____ Date

Signed _____ Printed Name _____

Parent / Legal Guardian _____ (for minors under age 18)