



IPL Intense Pulse Light Consent Form

Patient Name : _____

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), acne and hair removal.

(initial)

I understand that there is a possibility of rare side effects:

Scarring (initial)

Temporary or Permanent Discoloration (initial)

Herpetic Outbreak (initial)

Burn (initial)

Need for Additional Treatments (6 atleast for hair removal) (initial)

Failure to Eliminate Redness or Brown Spots (initial)

I understand that the treatment by the IPL system involves payment, and the fee structure has been fully explained to me. I give my full consent for IPL treatment today as well as future treatments needed.

(initial)

I also understand that there are other options for treatment available such as topical creams and lotions.

(initial)

I read and understand this agreement. My questions were answered to my satisfaction.

I agree to the terms of this agreement.

Signature

Date

Thank you!