



Consent for IPL/Fotofacial

consent is designed to give the information needed to make an informed decision to undergo IPL/Fotofacial treatment. Fotofacial is not an experimental treatment and is considered to be a cosmetic procedure that is not covered by insurances. IPL/Fotofacial is a series of at least 3-6 treatments at 3-4 week intervals. The wavelength, exposure, duration and energy level are chosen to selectively damage targeted skin problems without damaging the surrounding tissue. The intense pulsed light energy is absorbed by damaged tissue. IPL/Fotofacial intends to treat benign skin conditions to lighten, fade unwanted blood vessels, freckles, fine lines, scars, stretch marks, uneven skin coloring, tone and texture. Individual results from these treatments vary.

Contraindications include pregnancy, acutance, epilepsy, or those who have a history of seizures, chemo or radiation therapy, pacemaker, internal defibrillator, scleroderma, lupus, sarcoidosis, children under the age of 12, treatment over numbness of any body part, over moles or lesions of any kind, over tattoos, port wine stains. Use of photosensitizing medications may cause increased skin sensitivity to IPL/Fotofacial treatments.

Sun exposure: No direct sun tanning or tanning bed or booth usage or artificial tanning product usage while undergoing IPL/Fotofacial treatments. If you will be in the sun you must protect your skin with sun block.

Possible side effects include scarring, discoloration or lightening of skin and hair loss in the area of treatment. Short term side effects following IPL/Fotofacial are reddening, mild tingling, bruising, blistering or swelling. If any of these should occur, you must contact our office immediately so that we can evaluate and document the occurrence.

History of cold sores requires a prescription for suppressive therapy which must be started the day of or 1 day prior to IPL/Fotofacial treatment and followed for 4 more days after treatment.

Eye exposure: While there is minimal risk of inadvertent harmful eye exposure to laser, safeguards have been provided including the use of protective eyewear during treatment. It is important that you *keep the protective goggles/eye shields on at all times* during treatment.

For IPL/Fotofacial to be optimally successful, I accept responsibility in complying with the post treatment skin care instructions and products advised by this office. I agree to have photographs taken of me to document the progress of my treatments. I consent to the use of these photographs for quality control and educational purposes. I fully understand the risks associated with IPL/Fotofacial and agree to have IPL/Fotofacial performed on me.

Patient Signature: _____ Date: _____