



Consent for Treatment for Spectrum IPL Form

The Spectrum Intense Pulsed Light (IPL) is a device used for many aesthetic procedures. Depending on which treatment head is connected, it can be used for the reduction of hyper-pigmentation (brown/red discoloration), active acne and vascular lesions.

I understand that the treatment may involve a series of treatments. Individual response will vary according to skin type, hair color, degree of tanning, follow up care, and the body area being treated.

I understand that there is a possibility of rare side effects that consist of pain, reddening, burning, swelling, fragile skin, discoloration and temporary bruising of the skin. A crust or blistering may form, which may take 5 to 14 days to heal. Color changes, such as hyper-pigmentation (brown/red discoloration) or hypo-pigmentation (skin lightening), may occur following treatment. The discoloration may take several months to resolve but in rare cases it can be permanent. Unprotected sun exposure in the weeks before and following treatments is contraindicated as it may cause or worsen this condition. I have informed my technician of any recent sun exposure. A blue-purple bruise (purpura) may appear on the treated area. This can last a couple of weeks up to several months to completely resolve. Scarring and burns can occur but is uncommon. These effects have all been fully explained to me. _____ (initial)

I certify that I do not have any of the following conditions which are CONTRAINDICATIONS to laser use: history of melanoma, suspicious lesions or hives in area of treatment; recent use of accutane, tetracycline or St. John's Wort in the last year; autoimmune disease such as lupus, scleroderma, or vitiligo. _____ (initials)

I certify that I am not pregnant, trying to get pregnant, or breast feeding, ____ (initials)

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Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes. _____ (initials)

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I understand the procedure, and risks, accept the risks, and request that this procedure be performed on me by a qualified provider. _____ (initials)

I understand this treatment is entirely voluntary on my part. I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and all individuals associated with Rohrer Aesthetics, LLC, the physician and/or the treating technician, and all staff members at the office of Sunflower Med Spa from any and all liability, damages, cost and expenses arising from or out of the use of the Spectrum IPL/Laser System.

I have been given pre and post procedure instructions and I understand them. _____ (initials)

Signature: _____

Patient's Name: _____ Date: _____