

Informed Consent For Light/Energy Treatment

Name: _____ Date: _____

I authorize (name of technician) to perform (insert service here). The light/energy system is intended to (insert benefit here). More than one session may be necessary to achieve desired results. However, other treatments, including skin care products, are often needed to blend color, reduce sun damage, and give the best results.

The skin treated may be red and swollen with fine, thin scabs forming. Keep in compliance with aftercare instructions for best results. The healing process can take anywhere from 1-3 weeks. It could take as long as 3-6 months in some rarer cases.

We are unable to treat clients that are on ACCUTANE and PHOTSENSITIZING medications. Clients using ANTICOAGULANTS should be noted.

The following problems may occur with treatment:

1. **Scarring:** This treatment can create a bruising and a moderate burn or blister to the skin. For an effective treatment, the power (joules) needs to be just below the blistering point which means skin will be red. There is a risk of scarring.
2. **Hyper-pigmentation** (browning) and **Hypo-pigmentation** (whitening) have been noted after treatment, especially with a darker complexion. This usually resolves within weeks, but it can take as long as 3-6 months in some cases. Permanent color change is a rare risk. If you have a lot of color in your skin, a skin lightening cream will be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment is crucial to reduce the risk of color change.
3. **Infection:** Although infection following this treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatment including antibiotics may be necessary. **If you have a history of herpes simplex virus in the treated area we recommend preventative therapy.**
4. **Bleeding:** Pinpoint bleeding is rare but can occur following brown spot and spider vein treatment procedures. Should bleeding occur, additional treatment might be necessary.

5. **Skin tissue pathology:** Energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible. Only clearly benign pigmented lesions can be treated. Check with your doctor for a clearance for the treatment.
6. **Allergic reactions:** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations, have been reported. Systemic reactions (which are more serious) may result from prescription medicines. Allergic reactions may require additional treatment.
7. Wear sunscreen of SPF 25 or higher before and after treatment to protect your skin.
8. I understand I may need multiple treatments for the desired outcome.
9. I understand that exposure of my eyes to light could harm my vision. I will keep the eye protection on at all times.
10. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, hyper-pigmentation and hypo-pigmentation.

Occasionally, unforeseen problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the office. Please be understanding if we cause you any inconvenience.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release _____(individual) and _____(facility) and _____(doctor) from all liabilities associated with the above indicated procedure.

Client/Guardian Signature _____ Date _____

Light/Energy Technician Signature _____ Date _____