



PATIENT CONSENT FOR INTENSE PULSED LIGHT TREATMENT

I authorize The Medical Spa @ GMG to perform Intense Pulsed Light treatments on me in an effort to improve Dyschromia, Hyperpigmentation, Sun Damage, Hemangioma, Angioma, Rosacea, Telangiectasia and/or Leg veins. I understand that there is a **rare** possibility of side effects or serious complications including permanent discoloration or scarring. I am aware of the short-term side effects and agree to follow all post care instructions. I understand that sun exposure or tanning of any sort is prohibited while undergoing these treatments. The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered. Pre and post-care instructions have been discussed and are completely clear to me. I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required.

Y N Has the treatment area been exposed to natural or artificial sun exposure in the past 2 weeks?

Y N Have you used self-tanners or tan enhancers within the past 3 weeks?

Y N Are you currently taking any photosensitizing medications or supplements?

Y N Are you pregnant, suspect you may be pregnant, or currently nursing?

Y N Is there a presence or history of active cold sores or herpes simplex virus?

Y N Have you ever had skin cancer?

Y N Have you taken Accutane (Isotretinoin) within the past year?

Y N Have you observed any modification (color, size, texture and border) on the lesion to be treated?

My signature certifies that I have read and understood the content of this informed consent, and have given accurate information as to my health condition. I hereby freely consent to the Lumenis M22 IPL skin treatments.

Date_____

Patient Name (pleaseprint)_____

Patient Signature_____

Witness Name (please print)_____

Witness Signature_____