



Consent for IPL (Intense Pulse Light)

I understand that the IPL System is intended for Photo rejuvenation, benign vascular and pigmented lesions, and/or permanent hair reduction and that clinical result may vary in different skin types. I understand that there is a possibility of rare side effects such as scarring and permanent discoloration as well as short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin.

Based on the experience of many other physicians we have found that those people who tend to sunburn rather than tan, usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all.

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

I also understand that there are other options for treatment available and each of these other options were fully explained to me. _____ (please initial).

Photographs

I do ___ I do not ___ give my permission for photographs and other audio-visual and graphic materials to be used by the physician of Lumenis for marketing, education and promotion purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature _____

I read and understand this agreement. My questions were answered to my satisfaction. I agree to the terms of this agreement.

Patient's Name: _____

Signature: _____

Date: _____