



Photorejuvenation Consent Form

Clear MedSpa
202 Rock Creek Parkway
Fairhope, AL 36532

I, _____, consent to the Physician or another trained professional to perform Lumenis Quantum Intense Pulse Light/PhotoRejuvenation treatments on me. Photorejuvenation therapy intends to treat benign vascular and non-vascular skin conditions to lighten, fade, improve or remove the unwanted blood vessels, freckles, birthmarks, fine lines, uneven skin coloring, enlarged pores, tone or texture. The wavelength, exposure, duration and energy level are chosen to selectively damage targeted blood vessels with minimum damage to the vessels, hair follicles, and pigmented lesions. These targets are damaged, absorbed by the body and the lesions are rendered invisible. Heat stimulated in the underlying dermis promotes collagen production that may reduce mild lines and wrinkles.

I have read, agree to and understand the following points: Initial _____

- Photorejuvenation therapy is not recommended if any of the following conditions exist: Pregnant or Nursing Female, Photosensitivity disorder, Immunosuppressive disease, Diabetes, Bleeding Disorder, Seizure disorder triggered by light, active Herpes, active Shingles, or any active infection. I have notified my treating clinician if I have one or more of the above conditions.
- I understand that treatment is not recommended for tanned patients until the tan has faded and that sun exposure must be avoided between treatments. I have not tanned, and will not tan, in the areas to be treated during my entire treatment course and for six weeks before and after treatment. This includes sun exposure and tanning beds. Artificial tanning products must be discontinued two weeks prior to treatments.
- Test spots may be done to evaluate skin response prior to FULL treatment.
- Possible alternative procedures: chemical peels, other types of light/laser source or injections.
- Temporary or permanent, partial or complete hair loss to treatment area can occur.
- Photographs of the treatment area may be taken for my chart to help document my treatment course. Complete confidentiality will be maintained.
- The probability of success: I understand that optimal results are achieved with a series of treatments. Most people require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. No guarantee, warranty, or assurance has been made to me as to the treatment outcome or avoidance of complications. I am aware that follow up treatments may be necessary for desired results.
- I understand that this examination is not meant to replace the necessity for a complete dermatological examination.
- Pre and Post treatment instructions. A printed copy of these instructions has been given to me and I understand them completely. I accept responsibility in complying with the treatment care instructions provided.
- The treatment cost has been discussed with me.

I am aware of the following possible risks /complications with the light treatment.

- DISCOMFORT- The burning sensation of each light pulse may produce mild to moderate discomfort. A numbing cream is available to reduce discomfort if desired.
- BLISTERING/BRUISING/REDNESS/SWELLING – Short term effects may include reddening, swelling, and mild burning which lasts typically 1-3 days. Areas most likely to swell are under the eyes and the neck. Bruising and blistering with scab formation may occur and require 1-3 weeks to heal.
- INFECTION – Skin infection is a possibility although rare, whenever a skin procedure is performed. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with and without a past history of herpes simplex virus infections. Antiviral medication is recommended and is available by prescription. Should any type of infection occur, additional treatments or medical antibiotics may be necessary. Infection increases the risk of discoloration and scarring.
- PIGMENT CHANGES – Hyperpigmentation (darkening) and Hypopigmentation (lightening) of the skin have been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change. It is very important not to be tan (even minimally) when treated. A striped or random pattern may occur, requiring subsequent treatments to blend the skin color.
- SCARRING– However slight, there is a risk of scarring and skin textural changes. It is important that you follow all post treatment instructions carefully. Compliance is crucial for healing and prevention of scarring.
- EYE EXPOSURE – Protective eyewear will be provided. It is important to keep these goggles on at all times during the treatment in order to protect your eyes from accidental light exposure.

I certify that I have read the above informed consent and fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. I consent to the terms of this agreement.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____