

DFW Medical Spa
1009 Glade Road, Suite E
Colleyville, TX 76034
469-279-9897

Consent for Laser/IPL Treatment

I, _____, understand that the Laser/IPL System is intended for Photorejuvenation, benign vascular and pigmented lesions and that clinical results may vary in different skin types. There are several alternatives to treatment including but not limited to other laser treatments, chemical peels, radiofrequency treatments, or no treatment at all.

I understand that the possible risks of the procedure include pain, bruising, swelling, redness, itching, skin inflammation or irritation (dermatitis), allergic reaction, scarring, blistering, hypopigmentation, hyperpigmentation, mottling of skin vascularity and pigmentation, and other unforeseen complications. I understand that a single procedure will most likely fail to remove all my unwanted pigment, vascular or pigmented lesions, or hair in the area treated. Multiple treatments are required.

Individual response will vary according to skin types, hair color, degree of tanning, follow up care, and the body area being treated. Eye injury is possible but unlikely, providing complete eye protection is properly used throughout laser treatment sessions.

I understand the treatment may be painful, but this is typically manageable without any pain medication. Color changes, such as hyperpigmentation (brown/red discoloration) or hypopigmentation (skin lightening), may occur in treated skin. This may take several months to resolve, if at all. Unprotected sun exposure in the weeks following treatments is contraindicated as it may cause or worsen this condition.

Blistering of the skin may occur. Scarring is uncommon but may occur. 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 certify that I do not have any of the following conditions which are CONTRAINDICATIONS to laser treatment: history of melanoma, raised moles, suspicious lesions, keloid scar formation, active infections, open lesions, hives, herpetic lesions, cold sores, tattoos or permanent make-up in area of treatment, recent use of Accutane, tetracycline, or St. John's wort in the last year, autoimmune diseases such as Lupus, Scleroderma, Vitiligo. I certify that I am not pregnant, trying to get pregnant, or nursing. I have informed my physician of my recent sun exposure and if I have had any, I understand the risks of skin discoloration with treatment.

I understand that the treatment by the Laser/IPL system involves payment, and the fee structure has been fully explained to me. With this in mind, I am choosing to try Laser/IPL non-invasive treatment for Photorejuvenation, vascular, pigmented lesions.

I have been given the opportunity to ask questions about my condition and the treatment, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I have sufficient information to give this informed consent.

I certify that I have completely read the above form and the form has been fully explained to me, and I understand its contents. I understand that every effort will be made to provide a positive outcome, but that there are no guarantees.

I understand the procedure and risks, and accept the risks, and request that this procedure be performed on me by qualified staff.

Patient Name (print) _____ Email: _____

Patient Signature _____ Date _____

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(IPL) Intense Pulsed Light Pre/Post Treatment General Guidelines

Before Treatment:

- Avoid sun exposure (apply sunscreen daily and do not tan at all) for 4-6 weeks before and after treatment.
- Do not apply self tanners or spray tans for 4 weeks before treatment.
- Do not use any retinol or retinoid products before treatment.
- Tell your technician if you have a history of hyperpigmentation. Depending on your skin type a pigmentation treatment may be started 2-6 weeks prior to treatment.
- You must notify if you are on aspirin, ibuprofen, iron supplementation, anticoagulents, vitamin E, or herbal supplements such as ginkgo, garlic, ginseng, fish oil, vitamin E. We recommend avoiding these products for 2 weeks prior to your procedure unless your primary care provider has placed you on them for a medical condition.
- If possible come to your appointment with the treatment area cleanly washed without make-up.

After ALL IPL Treatment

- Apply cold compresses or cold pack to the treated areas for 10-15 minutes every hour for the next few hours, as needed.
- A mild sunburn-like sensation is expected. This usually lasts 2-24 hours but can persist up to 72 hours or more. Mild swelling and/or redness may accompany this, but it usually resolves in 2-3 days. Over-the-counter 1% hydrocortisone cream or 100% aloe vera gel may ease redness or inflammation.
- Minor crusting or peeling of the skin is a common side effect. In rare cases blistering may occur. A double or single antibiotic ointment (NOT Neosporin, triple antibiotic, or polysporin) may be applied to the affected areas twice a day until healed.
- Keep the area clean. Wash gently and avoid aggressive scrubbing or use of exfoliants, scrub brushes, and loofa sponges until the sensitivity and colored of the treated area has returned to normal.
- Avoid direct sun exposure, including sun lamps and tanning beds, for 2-3 weeks after treatment. If exposed to the sun, protect the treated areas with a full spectrum sun block of 30 SPF or higher, used regularly between treatments and after the treatment course is completed.
- Until redness has completely resolved, avoid: Applying cosmetics, swimming- especially in pools with chemicals, hot tubs and Jacuzzi, and activities that cause excess perspiration.