



THE SPA AT TEN

Photo Rejuvenation Consent Form

Photo Rejuvenation or Intense Pulsed Light (IPL) is intended for skin rejuvenation such as improvement of dyschromia, brown spots, sun damage, spider veins and pore size reduction. Results may vary depending on the condition of the skin, skin type and area treated. With succession of treatments IPL will make your skin brighter, clearer and smoother. Typically, 2-5 treatments are recommended for optimal results.

I confirm that I have none of the known conditions that could make treatment contraindicated, such as:

- 1) Pregnancy or lactation
- 2) Active herpes Simplex (cold sore) in treated area
- 3) History of keloid scarring
- 4) Use of medications that increase photosensitivity
- 5) Use of Accutane in past six months
- 6) UV light exposure 2 weeks prior to treatment or current tanned skin

Client Initials _____

Expect mild redness and possible swelling for 2-24 hours post treatment. Your sun damage and/or freckles will get darker within the first hour after treatment and more appearing the following morning. It tends to look like "coffee grounds" on the area treated. Do not pick. Do apply a moisturizer regularly, which will help the "coffee grounds" slough.

Client Initials _____

I understand there is a possibility of short-term effects such as reddening, mild blistering, scabbing and/or discoloration. Although rare, other side effects such as scarring or permanent discoloration can occur.

Client Initials _____

Sunblock of at least SPF 30 is strongly encouraged for at least 30 days after IPL, as well as, refraining from sun tanning and/or tanning booths. I understand refusal to adhere to guidelines will possibly result in sun damage quickly returning and less than optimal results.

Client Initials _____

I understand there are alternatives to IPL, such as chemical peels, cosmeceuticals, maintenance skin care products (Vitamin C, exfoliant, and sun screen), and ablative laser treatments.

Client Initials _____

I understand that photos may be taken for my medical records.

Client Initials _____

I understand the nature and purpose of the Photo Rejuvenation/IPL treatment. I understand no guarantee can be given as to final results. I am aware my condition is of cosmetic concern and the decision to proceed is based solely on an expressed desire. I certify that I have read and fully understand the above information. I have had sufficient opportunity for discussion. All my questions have been addressed and answered to my satisfaction.

Client Printed Name: _____

Client Signature: _____ Date: _____

Witness: _____ Date: _____



THE SPA AT TEN