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## IPL PHOTOREJUVENATION DISCLOSURE AND CONSENT FOR TREATMENT

I voluntarily request to have IPL “skin rejuvenation” to the following areas:

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I voluntarily consent to and authorize my IPL treatment be performed by the staff of this medspa, including physicians, technicians, associates, technical assistants, and other health care providers as deemed necessary by the staff. I hereby release this medspa, its staff, and any other participating health care providers from any and all liability for any adverse effects that may result from this treatment and related procedures.

I understand that medicine is not an exact science and therefore, my response to and results from IPL treatments cannot be guaranteed. I understand that IPL treatments have risks that include redness, peeling, and swelling that may last a few hours to a few weeks. Blistering and temporary or permanent changes in the skin’s pigment could occur however rare. It is also possible to see no improvements from these treatments.

I understand that this is a multiple treatment process and that there is a charge for every treatment session. I understand that payment is due at time of service.

I understand that IPL will make my skin sensitive to all types of light including direct and indirect sunlight, therefore I must keep my skin well covered and protected from all sources of light during my treatment regimen by using appropriate sun block with a minimum of 45 SPF. I understand that failure to do so will result in sunburn on my skin and will increase my chances of peeling and blistering.

I understand that if I expose the areas treated to the sun or tanning beds sooner than one month prior to treatment, I will significantly increase the possibility of blistering, burning, peeling and having changes in the skin pigment. If I appear tan at the time of my appointment the medspa will not perform the treatment. I also understand that exposing the treated areas to the sun or tanning beds up to 2 weeks after the treatment can result in the production of brown or dark spots on my skin.

I have been given adequate opportunity to have all my questions answered. I have been advised of the risks involved in these treatments, the expected benefits, and alternative treatments. I give my full consent to have IPL Photorejuvenation performed on me.

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_