



Photo Facial & Photo Body Consent

I, _____ have read the following informed consent:

(Print Name)

Photo Facial 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, tone or texture. The wave length, exposure, duration and energy level are chosen to selectively damage targeted blood vessels with minimum damage to the surrounding tissue. The intense pulsed light energy and laser energy is absorbed by the blood 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 fine lines and wrinkles.

I, _____ authorize The MedSpa at Raleigh Plastic Surgery Center to perform a procedure on myself utilizing the Lumenis™ IPL and/or Nd Yag.

Please initial each risk and circle where indicated:

_____ I have notified the treating clinician that my skin reacts in the following way when exposed to the sun, WITHOUT PROTECTION for about one hour.

- Always burns, never tans
- Always burns, sometimes tans
- Sometimes burns, sometimes tans
- Always tans

I consider myself:

- Caucasian
- Asian Hispanic
- Mediterranean/Middle Eastern
- Black
- Other: _____

_____ I have notified my treating clinician that I have one or more of the following relative contraindications for Photo Facial Therapy:

- Diabetes Bleeding Disorder
- Keloid Scarring
- Pregnancy
- Using Coumadin
- Lip or Brow Tattoo

_____ I understand some medications may interact (non adversely) with the treatment modality.

Photofacial Informed Consent

Reason/Benefits: For removal of skin blemishes (brown spots, spider veins, and skin pore size reduction). With succession of treatment photofacial will make your skin brighter, clearer, and smoother.

Risks, side effects, and complications: Pain, discoloration, infection, burn, scar, and ineffective treatment. To prevent injury, the treatment setting will be set at a lower and safer setting. **If your skin is dark or you are tanned, this will likely decrease the efficacy of the treatment.** As such, it is important to avoid sun exposure and to wear sun block every day to reduce risk of complications. If you are tanned or have excessive sun exposure, please reschedule your appointment at least 6-8 weeks later for a safe and comfortable treatment.

Alternative to photofacial: Chemical peels, cosmeceuticals, maintenance skin care products (Vitamin C, exfoliant, and sun screen, and ablative laser treatments)

Frequency and duration: For optimal result, you will need 6-8 treatments done at intervals of 3-4 weeks.

Treatment: A laser hand piece will be applied to the skin of the treatment area and with each pulses you will feel a "hot rubber band sensation." **Please let the doctor know if you are feeling pain instead of tolerable discomfort.** A gel will be applied to your skin before treatment and you will be given goggles to wear. During treatment, even with the goggles, you might see/feel flashes of bright lights which is normal.

Duration of Treatment: About 20-30 minutes for each body part (size of average face).

Post treatment precautions: Avoid sun exposure, tanning booths, spray tans, and wear sun screen on a daily basis. Apply ice, aloe vera, and topical OTC cortisone if you feel **heat** or **swelling** in the treated area.

Reschedule if you are tanned either from sun/tanning booths or sprayed tan or had sun exposure.

Post treatment expectation: You can expect the "spots" to get darker, by 1-2 shades. Also, small "specks" will appear over the treated area that will fall off within a few days. **Do not pick;** however, apply a generous dose of moisturizer to keep your skin moisturized. You must use sun block, exfoliant, and Vitamin C for protection and repair from the effects of sun damage and post inflammatory response. Also, Retin A, hydroquinone and chemical peels need to be added for skin exfoliation and rejuvenation to complement the laser treatment. For the first few days, there might be some redness or swelling over the treated area. Please call our office at 919-333-4418 if you need advice.

I _____, consent to the treatment know as the IPL/Photofacial treatment. This treatment has been explained to me and I have had the opportunity to ask questions regarding the procedure. I understand that these treatments are not an exact science and the degree of my improvement is variable.

By my signature below, I acknowledge that I have read the information and consent and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment, and I wish to proceed with the IPL/ Photofacial treatment.

I have been informed and understand that my treatments will cost \$ ____ per treatment. I also understand that any appointment that I make that is not canceled within 48 hours I will be charged a \$25 cancellation fee.

Patient Name (print) _____

Patient Signature _____

Date _____

Witness _____