Informed Consent for IPL and Laser Treatments

Clients Name: _____ Date: _____

Most procedures require more than one treatment session. Most clients will need between 3-6 treatments sessions. I understand that to achieve maximum results the protocol prescribed should be followed. The treatment schedule is designed to maximize the results. I understand that I will have to pay for these additional treatments.

I authorize Valley View Laser M.D. and its designated staff to perform IPL and/or Laser Treatments to include _____ on my person. I have been advised of the possible adverse reactions which are as follows:

1. **Short Term Effects** may include reddening, swelling, bumps, mild burning, temporary bruising or blistering. Hyperpigmentation (darkening of the skin) and Hypo pigmentation (lightening of the skin), although rare, may occur. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk, less than 1%. Avoiding sun exposure before and after treatment reduces the risk of color change.
2. **Infection** following treatment is quite unusual, but bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can be stimulated by the laser. This applies to both individuals with a past history of herpes simplex virus and individuals with no known history of the virus. Patients with a known history of herpes simplex virus should be treated with an antiviral before undergoing laser hair removal and should contact their physician for a prescription. If an infection would occur, additional skin treatments or antibiotics may be necessary.
3. **Allergic Reactions** although, rare, may occur. Local skin allergies to topical preparations, tape or preservatives used in cosmetics can occur.
4. **Scarring** is a rare but possible complication, our laser has many built in safety features to minimize this risk.
5. **Pinpoint Bleeding, or Bruising** can occur following treatments, and will lessen over time. Please let us know if you bruise easily.
6. **Eye Protection must be worn during treatment by every client to prevent exposure to the laser light beam.**

In fairness to our staff and other clients, our office requires a 24 hour cancellation notice. A fee of $25.00 will be charged for missed appointments or appointments cancelled less than 24 hours before scheduled appointment time. In fairness to you, our office will give you a $25.00 credit for any appointment we have to cancel with less than 24 hour notice, except for reasons beyond our control such as inclement weather, disasters, or safety concerns.

I give permission to photograph my treatment area for the use of educational purposes and to track my progress.

Initials: _____

By signing below, I acknowledge that I have read the adverse reactions above and feel that I have been adequately informed of the risk of the procedure(s). Before each treatment I will inform the laser technician if I have taken any new medications since my last treatment or if I have had ANY sun exposure, or used artificial tanners. I understand that some medications and tanning can make my skin photosensitive and lead to increased risk of complications. I also agree to comply with the recommended aftercare instructions which are crucial for healing and prevention of scarring and hyper/hypopigmentation. I hereby release Valley View Laser MD and its designated staff from liability associated with the above.

Client Signature: _____ Date _____