

Spectrum IPL Form

The Spectrum Intense Pulsed Light (IPL) is a device used for many aesthetic procedures. Depending on which treatment head is connected, it can be us for the reduction of hyperpigmentation (brown/red discoloration), unwanted body hair, active acne and vascular lesions.

I understand that the treatment many involve a series of treatments. Individual response will vary according to skin type, hair color, degree of tanning, follow up care, and the body area being treated.

I understand that there is a possibility of rare side effects that consist of pain, reddening, burning, swelling, fragile skin, discoloration and temporary bruising of the skin. A crust or blistering may form, which may take 5 to 14 days to heal. Color changes, such as hyper-pigmentation (brown/red discoloration) or hypo-pigmentation (skin lightening), may occur following treatment. The discoloration may take several months to resolve but in rare cases it can be permanent. Unprotected sun exposure in the weeks before and following treatments is contraindicated as it may cause or worsen this condition. A blue/purple bruise (purpura) may appear on the treated area. This can last a couple of weeks up to a several months to completely resolve. Scarring and burns can occur but is uncommon. These effects have all been fully explained to me_____ (please initial)

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I understand the procedure, and risks, accept the risks, and request that this procedure be performed on me by a qualified provider.

I understand this treatment is entirely voluntary on my part. I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and all individuals associated with Rohrer Aesthetics, LLC, the physician and/or the treating technician, and all staff members at the office of Landmark Aesthetics LLC and Daniel Baber M.D.,P.A. from any and all liability, damages, cost and expenses arising from or out of the use of the Spectrum IPL/Laser System.

Signature:_____

Patient's Name: _____

Date:_____