

Informed Consent for Rejuvenation/Reduction of Brown/Age Spots, Rosacea & Spider Veins

Client's

name: _____ **Date:** _____

I _____, consent to and authorize Aluov Skin Care to perform treatments on me. The IPL system may dramatically reduce darkly pigmented sunspots and spider veins. Light can be used effectively to destroy targets located in the skin with minimum damage to the surrounding tissues. Light is used to lighten, fade, or remove photo-damaged skin in a non-ablative manner, a procedure known as photo rejuvenation. More than one laser session may be necessary to achieve desired results.

I have discussed with my physician and received clearance for the treatment of the lesion / area. Energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible after treatment. Only clearly benign pigmented lesions can be treated.

I am not taking Isotretinoin (Accutane) or any other photosensitizing medications. I am not using or taking anticoagulants (coumadin or heparin).

I understand that phototherapy, despite its high levels of efficacy and safety, is not free of side effects. The skin treated may be red and swollen with fine, thin scabs forming. Erythema (redness) and edema (swelling) of the treated area can occur but usually subsides within a few hours but may last longer. Irritation, itching, and/or a mild burning sensation or pain like sunburn may occur within 48 hours of treatment. This healing process usually takes anywhere from 1-3 weeks; however, it could take up to 3-6 months in some rarer cases.

1. Pigmentary changes such as hyper-pigmentation (browning) and hypopigmentation (lightening) of the skin in the treated areas can occasionally occur. This is usually transient lasting up to six months, but in rare cases it can be permanent. Most cases of hypo- or hyper-pigmentation occur in people with darker skin or when the treated areas have been exposed to sunlight before or after treatment. Occasionally these pigmentary changes occur despite appropriate protection from the sun.
2. Scarring, which can be hypertrophic or even keloid formation (a firm, rubbery lesion, or shiny, fibrous nodule) is very rare but can occur. Other known complications of this procedure include blisters, reddening of the skin, pinpoint pitted scars, bruising, superficial crusting, burns, pain, and infections. These side effects are usually temporary, lasting from 5-10 days but can be permanent as well.
3. The skin at or near the treatment site may become fragile. If this happens, makeup should be avoided and the area should not be rubbed, as this might tear the skin. A blue-purple bruise may appear on the treated area, which might last from 5-15 days. As the bruise fades, there may be rust-brown discoloration of this skin, which fades in 1-3 months or longer.
4. There is a known and expected loss of hair in the treated areas. In a very small percent of people there is new hair growth in the surrounding areas being treated.
5. Although infection following pulsed light treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus (HSV) infections around the mouth can occur following a laser

Informed Consent for Rejuvenation/Reduction of Brown/Age Spots, Rosacea & Spider Veins

treatment. This applies to individuals with a history of herpes simplex virus infections and those with no history. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

- If you have a history of herpes virus, we recommend preventative therapy.

Even though appropriate measures are taken to reduce side effects, they cannot be eliminated in every case. I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks. There may be other treatment options, such as injections, other types of lasers/light sources or peels. I am choosing this non-invasive treatment for vascular and/or pigment lesions and other indicated skin conditions.

Eye damage can occur from the light and therefore protective eyewear must be worn during all phototherapy sessions.

I have read, discussed, and understand the pre- and post-procedural instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre- and post-procedure guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyper-pigmentation, hypopigmentation, and other skin textural changes.

ACKNOWLEDGMENT:

I hereby permit Aluov Skin Care to perform treatments on me.

The procedure has been explained to me and the risks of the procedure have also been explained to me. In addition, I have been told that the procedure may not have the result that I expect. I have also been told about alternative methods of treatment and I understand that I have the right to refuse treatment.

I am aware that I have not been given any guarantees about the results of this procedure. I am aware that follow-up treatments may be necessary for desired results. I agree to adhere to all safety precautions and regulations during the treatment. I have had enough time to discuss my condition and treatment and all of my questions have been answered to my satisfaction. I believe I have enough information to make an informed decision and I agree to have the procedure.

Client/Guardian Print Name: _____

Client/Guardian Signature: _____

Date _____