

PHOTOREJUVENATION/INTENSE PULSE LIGHT (IPL) INFORMED CONSENT

I understand that the IPL system is intended for Photorejuvenation, benign vascular and pigmented lesions, and/or permanent hair reduction and that clinical results may vary in different skin types. I understand that there is a possibility of rare side effects such as scarring and permanent discoloration as well as short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin.

These effects have all been fully explained to me. _____ *(Please initial)*

Based on the experience of many other physicians we have found that those people who tend to sunburn rather than tan, usually obtain good results on the first and subsequent visits. On the other hand, those who tan easily tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all.

I understand that the treatment by the IPL system involves payment, and the fee structure has been fully explained to me.

I also understand that there are other options for treatment available and each of these other options were fully explained to me. _____ *(Please initial)*

With this in mind, I am choosing the try IPL non-invasive treatment for Photorejuvenation, vascular, pigmented lesions and/or permanent hair reduction.

PHOTOGRAPHS

I do ___ do not ___ give my permission for photographs and other audio-video and graphic materials to be used by Medicus VeinCare for marketing, educational – promotional purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.

Signature: _____

I read and understand this agreement. My questions were answered to my satisfaction. I agree to the terms of this agreement.

Patient Name *(print)*: _____ Signature: _____

Witness: _____

Date

Steven Tidwell, M.D./Heidi Garguilo, ARNP