

Horizons



Wellness

Informed Consent: IPL /Photofacial Treatment

I, _____, consent to and authorize staff members and independent contractors of Horizons Wellness, LLC to perform treatments on me. I understand that the Intense Pulse Light procedure is intended to treat a variety of conditions and that clinical results may vary in different skin types. Potential negative events include:

Unlikely and possibly permanent

- Scarring
- Temporary or permanent discoloration

Likely and temporary

- Reddening
- Mild burning
- Temporary unsightly bruising

I understand the following:

- Serious complications are rare but possible.
- Common side effects include temporary redness and mild "sunburn" like effects that may last anywhere from a few hours to several days.
- Treatment of benign pigmented lesions and vascular lesions cannot be accomplished without producing some epidermal skin damage, and this may take 2-4 weeks to resolve.
- Pigment changes (light or dark spots on the skin) lasting 3-6 months or longer may occur. In addition, freckles may lighten and may temporarily or permanently disappear in treated areas.
- There is the possibility of coincidental hair removal when treating pigmented or vascular lesions or acne in hair-bearing areas.
- Other potential risks include blistering, crusting, itching, pain, bruising, skin whitening, burns, infections, scabbing, scarring, swelling, and failure to achieve the desired result.
- Sun exposure or use of tanning lamps or self-tanning creams and/or not adhering to the post-care instructions provided to me may increase the risk of complications.
- The importance of having an accurate diagnosis of pigmented lesions (brown spots on the skin) by a physician prior to treatment, as treatment of an undiagnosed skin cancer may delay proper medical care.

- The patient agrees to follow recommended after care guidelines as they are crucial for healing, prevention of scarring, and hyper/hypopigmentation.

For women of childbearing age, by signing below I indicate that I am not pregnant. Furthermore, I agree to keep the staff at Horizons Wellness. LLC informed should I become pregnant in the course of treatment.

Photographic documentation will be taken. I hereby authorize the use of my photographs for teaching purposes, marketing and advertising.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Horizons Health and Wellness, LLC and Horizons Wellness, LLC from all liabilities associated with the above indicated procedure.

Most insurance carriers consider the procedure, which you are about to incur, as a cosmetic procedure. Payment is expected at the time of my visit, as we will not bill insurance companies for these treatments.

No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. I am aware that additional treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring over this time. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during treatment. I understand that payments for IPL treatments are non-refundable.

By signing below, I agree that I have been adequately informed of the risks, benefits, alternative treatments, and the fact that this procedure is cosmetic.

Witness Date

Patient or Guardian Date