



AFTERGLOW

Laser Spa

649 Colborne St. London, ON N6A 3Z2 Inside Whole Health Naturopathic Clinic 519-697-9129

Intense Pulsed Light Treatments

Consent Form

Please read this form in its entirety, sign, and date it in the space provided below.

I authorize **any technician** at Afterglow Laser Spa to perform laser/pulsed light cosmetic skin treatments on me, including but not limited to deep tissue heating, soft tissue coagulation, skin resurfacing, reducing or eliminating hair, treatment of pigmented lesions (such as in sun spots, age spots and other skin discoloration), vascular lesions (such as in veins, angiomas, rosacea, and other skin discoloration), acne, wrinkles, scars, and/or tattoo removal. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- Some serious but rare complications are possible, such as acne, and herpetic breakouts, blood clots, skin loss, seroma (pockets of fluid in areas where tissue has been removed), hematomas (collection of blood under the skin), abscess, skin necrosis (dead skin), necrotizing fasciitis (tissue damage by bacteria), injury to other internal structures including nerves, blood vessels, or muscles, allergic reaction to medications or material used during procedure.
- There is no guarantee that the expected or anticipated results will be achieved.
- Anesthesia or sedation (calming medication) may be advisable. I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s). I understand that all forms of anesthesia and sedation involve risk and the possibility of complications, injury, and in rare instances death.
- Following the procedure, the area may be red and swollen for 2-24 hours or longer. Cold packs may help reduce this swelling.
- The Estelux/MediLux/StarLux 300 and 500 Systems deliver a precise pulse of light energy (either laser or lamp) that is absorbed by all chromophores in the skin, for example the pigment in hair, causing thermal reaction. All personnel in the treatment room, including me, will wear protective eyewear to prevent eye damage from this intense light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat. If the practitioner or physician elects to use local anesthetic, all options will be discussed with me.
- Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer. Other potential risks include but are not limited to, bleeding, crusting, irritation, itching, pain, bruising, burns, poor healing, infection, scabbing, scarring, swelling, and failure to achieve the desired result. There are also risks resulting in unsatisfactory appearance.



AFTERGLOW

Laser Spa

649 Colborne St. London, ON N6A 3Z2 Inside Whole Health Naturopathic Clinic 519-697-9129

Intense Pulsed Light Treatments

Consent Form

- Pigment changes, including hypo pigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas.
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions or acne in hair-bearing areas.
- I understand that sun or tanning lamp exposure, the use of self-tanning creams, activities inducing a raised body temperature and not adhering to the after treatment instructions provided to me may increase my chance of complications.
- There is potential risk of allergic reaction to any coupling gels or lotions or the numbing anesthetic that may be applied to the skin before treatment. Such risks include temporary swelling, itching, and formation of a rash.
- I understand that any postoperative follow-up or subsequent medical treatments should be directly with the Licensed Practitioner.

I consent to photographs and digital images being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs or digital images revealing my identity will be used without written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission. Although it is typical to discuss publishing photos with clients before publishing occurs. Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.

If you do not wish to have your photos published publicly, please initial here: _____

I freely consent to the proposed treatment.

Signature: _____ Date: _____

Printed Name: _____