



# INTENSE PULSED LIGHT CONSENT FORM

**ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND**

IPL and DPL are Intense Pulsed Light devices used for the treatment of benign vascular lesions, hair removal, other pigmented lesions and skin rejuvenation.

The light wavelength, exposure duration and energy level are chosen to selectively damage the target with minimum damage to the surrounding tissue. The intense pulsed light is absorbed by the target, heating it. The blood vessel walls are damaged and the target or the damaged vessels are absorbed by the body, reducing the lesion. The light wavelength, exposure duration and energy level are adjusted to maximise the heating to blood vessels and limit exposure to surrounding tissue.

Contraindications may include pregnancy, use of medications that increase photosensitivity, diabetes, a history of keloid scarring, use of anticoagulants and a history of bleeding disorders. Recent sun exposure or planned sun exposure is also contraindicated. Solarium use and fake tan are also not allowed prior to treatment. IPL therapy may consist of multiple treatments given over several weeks to months with gradual clearing occurring over this time. Clinical results may vary in different skin types.

INITIAL \_\_\_\_\_

I understand that there is a possibility of side effects such as infection, burns, scarring, loss of skin pigment and permanent discolouration. As well as short-term effects such as reddening, scabbing, pain, swelling, temporary unsightly bruising and discolouration of the skin. These side effects have been fully explained to me and more treatments may be needed to even out skin tone.

INITIAL \_\_\_\_\_

I understand the treatment of IPL involves payment and the fee structure has been explained to me. The cost of my treatment per session is \$\_\_\_\_\_. I will need to have a course of 3 - 4 sessions on average to achieve the desired result. **Some patients may need more than 4 treatments and some may not achieve full clearance.**

INITIAL \_\_\_\_\_

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement and release Dr Murray and all staff from liability. I will be a polite, realistic and compliant patient.

INITIAL \_\_\_\_\_

Patient's signature: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Witness's name: \_\_\_\_\_

Date: \_\_\_\_\_

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