



METROPOLITAN  
ANTI-AGING • BEAUTY • WELLNESS

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## LASER (IPL) SKIN REJUVENATION CONSENT FORM

I understand that IPL(Intense Pulsed Light) Laser is used for skin rejuvenation to partially reduce or eliminate signs of photo(sun) damaged/aged skin, redness, capillaries, and dark spots. The results of treatment demonstrates improvement in the smoothness and clarity of the skin: however , a complete elimination of all photo damaged skin is not a realistic expectation.

**Please initial next to each item:**

- \_\_\_\_\_ I understand clinical results may vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.
- \_\_\_\_\_ I understand that treatment by the IPL laser involves a series of treatments to achieve optimum results and the fee structure has been fully explained to me. The fee is for the series of treatments purchased and includes post treatment follow-up visits. There will be a charge for any additional treatments. Life time touch-ups are offered at 50% off the area treated when a package of 3 or more sessions are purchased.
- \_\_\_\_\_ Services purchased are non refundable unless the Metropolitan is unable to perform the treatment(s).
- \_\_\_\_\_ I understand that exposure to the sun is contraindicated. Exposure to the sun encourages skin pigment changes and rhytids (wrinkles) necessitating further treatment. **St James SPF30 Sunscreen** must always be used.
- \_\_\_\_\_ I understand the practice of laser therapy is not an exact science and I acknowledge that no guarantees have been made to me concerning the results. It is not possible to state every complication that may occur as a result of the IPL Laser treatments.
- \_\_\_\_\_ **I confirm that I am not pregnant at this time.**
- \_\_\_\_\_ **I have not taken Accutane within the last 6 months.**
- \_\_\_\_\_ **I confirm I have been candid with my technician of any history of seizures or epilepsy and understand that laser emitted light could trigger a seizure. Additional precautions may be taken by my technician.**
- \_\_\_\_\_ I understand and agree that photographs will be taken before and after each procedure(s).

Although complications are infrequent following IPL Laser, I understand the following short term side effects or complications may occur or are theoretically possible and could happen to me:

- \_\_\_\_\_ Loss of freckles (pigmented lesions) may occur.
- \_\_\_\_\_ If you are being treated for pigmented lesions, it is possible a “peppering” or darkening of the lesion could occur. These lesions normally “crust” and typically shed in 7 to 10 days.
- \_\_\_\_\_ Blistering, bruising, or scabbing is possible but uncommon and should resolve within a few days. Additional treatment may be needed. (see Pre and Post Treatment Care)
- \_\_\_\_\_ Mild pain or minimal discomfort and burning sensation in the first few hours after the procedure.
- \_\_\_\_\_ Redness—or a “hot” feeling (like a light sunburn) are normal and should resolve within a few hours to a few days.
- \_\_\_\_\_ Wound Healing—Light flakiness may occur 3 to 5 days after the treatment.
- \_\_\_\_\_ Sensation of skin tightness (peaks at 3-8 weeks post treatment).
- \_\_\_\_\_ Occurrence or recurrence of Herpes Simplex Dermatitis (cold sores), particularly if not (pre-, intra– and post-operatively) treated with a systemic antiviral medication. Please inform your technician of history, and symptoms, and if needed medication will be prescribed.
- \_\_\_\_\_ Skin Itchiness (Pruritis) in the early healing phase. Use St. James Ultra Calm to soothe and relieve itching.
- \_\_\_\_\_ Color changes such as hyperpigmentation (brown/red discoloration) or hypopigmentation (skin lightening) may occur especially with darker skin. This may take several months to resolve, if at all. These complications are almost always caused by sun exposure before or after treatments, therefore **sun exposure is contraindicated and St James SPF30 Sunscreen must be used.**
- \_\_\_\_\_ Eye injury is possible but unlikely, provided the supplied eye protection is properly used as instructed during the laser treatment.

I have been candid in revealing any existing or new conditions(s) that I have. My technician has explained Laser(IPL)Skin Rejuvenation to me and I have been asked at this time whether I have any questions and I do not. I have been given a copy of pre and post treatment instructions and have consented to abide by the instructions. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I understand the procedure, risks, benefits and alternatives. I accept the risks and request that IPL Laser treatments be performed on me by a qualified technician. I hereby release my technician and The Metropolitan Clinic, LLC from all liabilities associated with the above indicated procedure.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Technician Initials \_\_\_\_\_ Date \_\_\_\_\_