



## INFORMED CONSENT – IPL/PIGMENTED LESIONS TREATMENT

### **TO THE PATIENT:**

Being full informed about your condition and treatment will help you make the decision whether or not to undergo treatment for Pigmented Lesions. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I hereby authorize the Medical Director(s) or any delegated associates, to perform pigmented lesion treatment with a light based device on me. I understand that this procedure treats pigmented lesions, age spots, and sun spots by targeting melanin with a bright pulsed light. I understand I may not experience complete clearance, and that it may take multiple treatments. Some conditions may not respond at all and, in rare cases, may become worse.

---

(Patient's Name)

I am aware of the following possible experiences/risks:

**DISCOMFORT** – Some discomfort may be experienced during treatment.

**REDNESS/SWELLING/BRUISING** – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. There also may be some bruising.

**PIGMENT CHANGES (Skin Color)** – During the healing process, there is a possibility that the treated area can become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent.

**WOUNDS** – Treatment can result in burning, blistering, or bleeding of the treated areas. If any of these occur, please call our office.

**INFECTION** – Infection is a possibility whenever the skin surface is disrupted, although proper wound care should prevent this. If signs of infection develop, such as pain, heat, or surrounding redness, please call Alamo Hills Advanced Aesthetics & Laser Center.

**SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the changes of scarring, it is **IMPORTANT** that you follow all post-treatment instructions carefully.

**EYE EXPOSURE** – Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from injury.



The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Probability of success
- Reasonably anticipated consequences if the procedure is not performed
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period
- Post-treatment instructions

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep the Medical Director(s) and staff informed should I become pregnant during the course of treatment.

\_\_\_\_\_ I consent and authorize a trained physician, registered nurse, physician assistant, or nurse practitioner of Alamo Hills Advanced Aesthetics & Laser Center to perform IPL/Pigmented Lesion treatments.

Photographic documentation will be taken. I hereby **do\_\_do not\_\_** authorize the use of my photographs for teaching purposes.

### **Patient Consent**

I certify that I have read and understand this treatment agreement and that all the blanks were not filled prior to my signature.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

### **Physician or Clinician Certification**

I certify that I have explained the nature, purpose, benefits, risks, complication and alternatives to the proposed procedure to the patient. I have answered all questions fully and I believe that the patient fully understands what I have explained.

\_\_\_\_\_  
**Clinician Signature**

**Alamo Hills Advanced Aesthetics & Laser Center**

\_\_\_\_\_  
**Date**