

Patient Consent for IPL Treatment

I _____, consent to and authorize staff members and independent contractors of Danvers Family Doctors, PC 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.

Skin Rejuvenation

Inflammatory Acne

Pigmented/Vascular Lesions

Hair Removal

- scarring
- temporary or permanent discoloration
- 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 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 including 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 not adhering to the post-care instructions provided to me may increase 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 pigmentation.

For women of childbearing age, by signing below I indicate that I am not pregnant. Furthermore, I agree to keep the staff at Danvers Family Doctors informed should I become pregnant during 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 Subroto Bhattacharya, MD, Sara Castantini, NP and Jennifer Richardson, NP and Danvers Family Doctors, P.C. 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. I understand that, without proper approval, payment is expected at the time of my visit.
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 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