

Informed Consent – Intense Pulsed Light (IPL)

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Informed consent for Intense Pulsed Light (IPL)

I undersigned _____ age _____
living in _____ street _____
phone number _____ e-mail _____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).

IPL generates a particular light that allows treating some blemishes of human body. Its light, when gets in contact with a particular color, provokes degradation and its elimination.

Indications:

- cutaneous photorejuvenation
- cutaneous spots
- treatment of legs' capillaries (teleangectasia)
- treatment of facial capillaries (couperose)
- small angiomas
- long lasting epilation

Contraindications:

- irritated skins
- cutaneous diseases
- keloids' history
- pregnancy
- collagen's diseases
- if you have to expose to the sun afterward.

I declare I do not suffer from the following diseases:

.....
On the day of the treatment and for 2-3 days after it, do not expose to too hot or too cold temperatures. It is forbidden to expose to the sun for a month after the treatment. Do not irritate the skin for at least a month (peelings, dermabrasion, irritant treatments and every treatment in the those area has to be authorized by the doctor). It is mandatory to use glasses for protection.

Slight problems: small scars, small scabs, burns, hyperpigmentations, hypopigmentations, some patients could not respond to the treatment or have modest results.

The patient normally needs more sessions (from 4 to 8) and also sessions to maintain healthy skin are needed.

At this time the procedures and used equipment are the most suitable from the medical-scientific point of view.

However, I declare not to be pregnant.

I am allergic to these substances:

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I followed the following aesthetic therapies:

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I authorize the management of the data also for an iconographic use. I confirm that I read and understood the above.

I confirm I had the possibility to ask questions I thought were necessary. After having taken note of the illustrated situation, I accept the suggested medical procedure

Date

Patient's Signature

Doctor's Signature