

V-IPL Informed Consent Form

Health Questionnaire: Have you today or in the past experienced any of the following:

Active/ Chronic conditions:	Y <input type="checkbox"/> N <input type="checkbox"/>	Specify: _____
Surgeries/ Hospitalization:	Y <input type="checkbox"/> N <input type="checkbox"/>	Specify: _____
Medication Care:	Y <input type="checkbox"/> N <input type="checkbox"/>	Specify: _____
Sensitivity to Medication:	Y <input type="checkbox"/> N <input type="checkbox"/>	Specify: _____
Allergy:	Y <input type="checkbox"/> N <input type="checkbox"/>	Specify: _____
Pregnancy:	Y <input type="checkbox"/> N <input type="checkbox"/>	
Under age of 18	Y <input type="checkbox"/> N <input type="checkbox"/>	

Criteria for treatment (Possible Contraindications): Check any of the boxes that **apply** to you:

- Any endocrine disorder, such as diabetes
- Extra dry or sensitive skin
- High or low blood pressure (with medications)
- Cardiac pacemaker, defibrillator, or another implanted electric device. Cardiac pacemakers, defibrillator or other electrical devices implanted in the body may become dysfunctional if exposed to electromagnetic fields, such as RF energy.
- History of hip replacement, hip or femur surgery, or other metallic implants (such as gold threads) in the treatment field. Any implanted metallic device causes an increase in the magnetic field and may result in potentially dangerous heating of certain areas of the body.
- History of cancer, active/recent malignancy or premalignant moles (especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi).
- Any skin disease in the treatment area. Heat may have harmful effects on various skin diseases, which may be aggravated by high temperatures.
- Any history of disease in the treatment area which may be stimulated by heat, such as Herpes, eczema or rash. Virus latency, the ability of a pathogenic virus to lie dormant within a cell for the host's life span, tends to be stimulated by heat.
- Sunburns in the treatment area.
- Use of Accutane (Isotretinoin) within the past 6 months and fragile, sensitive and dry skin. Accutane causes the skin to become highly sensitive and tends to create scars relatively easily (please note that waxing the body is also not recommended 6 months after using Accutane).
- Treatment over tattoo or permanent makeup in the treated area. Tattoo and permanent makeup are metallic pigments (black, brown and red ink which are made of iron) that lack heat stability and burn when processed in temperature exceeding the metallic pigments.
- Pregnancy (including IVF) RF energy has an adverse effect on a developing embryo, developing cells, and the fetal heartbeat.
- Blood coagulopathy or excessive bleeding or bruising
- Use of blood thinning medications, whether prescription or over-the-counter medication (including Coumadin or other prescription blood thinners, corticosteroids, aspirin or aspirin-containing products, chronic use of NSAIDs, garlic supplements, ginkgo, ginseng, St. John's Wort, fish oil, etc.). Hemorrhaging can become uncontrollable when the body's mechanism for blood clotting is impacted. Any skin wound, even a scratch, may lead to hemorrhaging. Consumption of blood thinning medications results in coagulopathy of the blood.
- History of deep vein thrombosis. Thrombosis is the formation of a blood clot ("thrombus") in a deep vein. Patients with a history of deep vein thrombosis are usually prescribed blood thinning medications. See above.
- Uncontrolled thyroid disease, any endocrine disorder, such as diabetes. Lactating women (3 months post nursing and 6 months after the delivery) All of the above involve changes in hormone production; hence, we cannot foresee the results and cannot give an estimated time for the treatment course. Moreover, the impact of the treatment is limited by the lack of homeostasis.

- Any prior aesthetic or medical surgery affecting the treating area or before complete healing (liposuction, subcision), 3 months prior to the treatment. After any surgery, recovery time is required. Patients who would like to start before the recovery time period ends should consult with a doctor and bring a written consent form for the treatment.
- Prone to Keloid scars or impaired wound healing
- Use of drugs that influence the immune system and impaired immune system (such as HIV)
- Hepatitis or liver disease. Liver damage, especially scarring of the liver (i.e., cirrhosis) can lead to weight loss, easy bruising, bleeding tendencies and peripheral edema (swelling of the legs).
- I have undergone synthetic filler procedures (i.e., silicon and Artecoll) in the designated treatment area. Synthetic fillers are permanent and are associated with melting or migration following any exposure to heat application. Please note that some of the fillers are "heat resistant". In these cases, treatment may start two weeks after the filler procedure.
- I have received Botox injections in the last 5-7 days. The main action of the botulinum toxin (Botox) is to selectively paralyze the muscles by preventing the release of acetylcholine, which causes wrinkles by excessive contraction. Therefore, any application applied on the skin and the underlying fat layer is allowed almost immediately after.
- I have undergone chemical peels (alpha hydroxy acids (AHAs) such as glycolic acid, beta hydroxy acid (BHA), Jessner's peel) or natural fillers (Hyaluronic acid, collages) should avoid treatment for at least two weeks before beginning a skin tightening treatment.
- I have had a deep chemical peel in the last 3-6 months. Patients should wait at least 3-6 months after deep chemical peels (phenol, trichloroacetic acid – TCA) and/or ablative laser treatments. Deep chemical peels and laser skin resurfacing treatments have a lengthy recovery time therefore RF treatment is not recommended in the first 3 months.
- I have used an irritant topical agent in the last 2-3 days.

FOR LASER HAIR REMOVAL PATIENTS:

For many people, dealing with unwanted hair is a daily struggle. If the body produces too much of the male hormone known as androgen, unwanted hair may increase with time. Additionally, many people experience troublesome ingrown hairs as a result of shaving, waxing, or improper hair growth, which may cause discomfort, infections, and self-consciousness. Other common causes of unwanted hair include polycystic ovarian syndrome, hormone conditions, and hirsutism (the excessive hairiness on parts of the body where large amounts of hair do not typically grow). Most unwanted hair grows on the face, armpits, bikini line, legs, and forearms. Several medical and non-medical alternatives and techniques are available to decrease the amount of unwanted hair on the body. The objective of those treatments is to remove the hair on the skin's surface to provide a smoother look and feel. There is, however, a limit to how much hair you can reduce on the surface of the skin alone. For some people, laser treatments may produce more long-term and desirable results.

IPL-HR hair removal/reduction treatments are used to remove unwanted hair from the body. These treatments involve the use of light in the form of IPL (typically called a laser) to target hairs on specific parts of the skin, passing through non-absorbing tissue to remove hair at the root of the hair follicle. These treatments damage the hair follicle and shut off the follicle's ability to grow hair. Before any treatment, we encourage you to review information contained in pamphlets and materials that are available; review information that is available on the Internet; ask questions of Laser Solutions physicians and medical personnel; or obtain information from other sources.

Laser hair removal/reduction treatments carry risks. Most are minor and temporary, but more serious complications can occur. The most common complications are swelling and redness. Laser hair removal/reduction may darken or lighten the affected skin or associated pigmentations like permanent makeup or tattoos.

Although rare, laser hair removal/reduction treatments may cause blistering, crusting, scarring, or other changes to the skin's texture.

Cosmetic treatments, including hair removal/reduction treatments, are not an exact science. Results of hair removal/reduction treatments vary greatly from person to person. Patients with darker skin may not respond well due to inadequate discrepancies between the skin and hair colors. Blonde or grey/white hair is less responsive to laser hair removal/reduction treatments due to the lack of ample pigment in the hair. Multiple treatments can prolong the duration of hair loss, but hair regrowth is still possible. For best results, you may need eight to twelve treatments spaced weeks apart. You may also need additional, periodic maintenance treatments to achieve/maintain long term results.

Other alternatives for hair removal/reduction treatments may be available and, in some cases, preferable. Non-medical alternatives include shaving, waxing, plucking, and using at-home hair removal creams or bleaching kits. Medical alternatives include prescriptive hair removal medications, electrolysis (use of an electric current applied to the skin with a fine needle to destroy the hair root), and other light or laser hair removal/reduction treatments. These alternative treatments may improve appearance by removing unwanted hair to give the skin a sleeker texture. Risks include skin irritation, bruising, blistering, discoloration, and swelling.

This description of risks, concerns, alternatives, and treatment results is not intended to be inclusive of all possible risks associated with hair removal/reduction treatments. There are both known and unknown side effects associated with any medication or treatment.

If you are pregnant or if you become pregnant prior to the laser hair removal/reduction treatment, please notify your physician before a treatment occurs. You should not have laser hair removal/reduction treatments if you are pregnant. Additionally, you should not have laser hair removal/reduction treatments if you use medications to prohibit exposure to light or if you suffer from diabetes. Laser hair removal/reduction treatments are not recommended for the eyelid or surrounding area due to the possibility of a severe eye injury.

Laser Solutions Medical Spa does not guarantee the results of any treatment. You may not be satisfied with the results.

Patient Acknowledgment and Consent

I have read the information set forth above regarding my proposed hair removal/reduction treatment, and I have had the opportunity to ask questions of the staff of Laser Solutions regarding my proposed treatment and to receive answers that are satisfactory to me. I consent to the treatment, as well as any related treatments that my physician considers necessary and appropriate in connection with the hair removal/reduction treatment. I accept the uncertainties, risks, and limitations of this treatment.

____ (initial) I agree to accept full financial responsibility and pay the charges for the hair removal/reduction treatment and course of treatment.

____ (initial) I understand it may take several treatments (**minimum of 6-12 usually**) to catch the hair in all its growth cycles. Once acceptable results are achieved, I may need treatment for maintenance. Some people will require additional sessions beyond the norm to achieve optimum results.

____ (initial) I understand that coarseness, past hair removal techniques, sex, skin color, and location of hair will determine outcome. Finer and/or lighter hair will have a less immediate response; gray hair is very difficult to remove, while darker and coarser hair may respond sooner.

____ (initial) I understand there are possible reactions to treatment including slight discomfort, blistering, redness, swelling, bruising, scarring, pigmentation changes (light or dark), alteration or removal of tattoos.

____ (initial) I understand that most common reactions are redness and swelling which can last from 30 minutes to a few days.

____ (initial) **I understand that hair must be clean shaven at least 12-24 hours prior to treatment. I understand that I should not have any other types of hair removal treatments or procedures such as, waxing, plucking, or threading, during laser treatments. Also, I understand that I should not schedule a tanning or spray-tanning session during the week prior or after my appointments. I may be asked to remove make-up if it has been applied to the treatment area.**

____ (initial) I understand that my package payment is non-refundable. **I agree to provide 24 hours' notice for cancellation/re-scheduling of my appointment. I understand failure to do so will result in the loss of one treatment of my package.**

1. I duly authorize Russell Gornichec, MD, and other specially trained personnel of this facility, to perform treatment using light-based technology systems.
2. I do not suffer from Herpes / I suffer from Herpes and I agree to initiate preventive treatment with antiviral medications, though I am aware that preventive treatment does not ensure total prevention of Herpes appearance during the treatment.
3. I hereby declare that I was informed regarding the following:
 - A. The versatile treatments available with light-based systems are based on a principle called selective photothermolysis. The light emitted and absorbed by targeted chromophores (light sensitive molecules) encourages a specific biological process to achieve the desired clinical result.
 - B. I have been advised regarding possible risks and side effects of the treatment which may include slight pain, erythema, edema, color changes (hyper or hypo pigmentation), paradoxical unwanted hair growth and burns. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed, and a physician consult may be necessary.
 - C. I am aware that exposure to sun 3-4 weeks prior and after treatment are contraindicated to the treatment and may promote side effects. I was advised to use SPF >30 in between treatments.
 - D. I was advised about the use of protective goggles and I agree to wear them throughout the duration of the treatment.

My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment and agree to provide aftercare as directed by this facility. This consent was accepted by me, after I explained to the client all the above and I confirm that all my explanations were understood by her/him.

Note: This consent form may contain words that you do not understand. Please ask the staff of Laser Solutions to explain any words or information that you do not clearly understand.

Patient Signature

Date