

Please read and initial each statement. Complete, underline or circle individual selection accordingly.		
• I authorize Doctor to perform IPL™ treatments on me, in an effort to improve; Dry Eye Disease due to Meibomian Gland Dysfunction / Dyschromia / Hyperpigmentation / Hair Reduction / PWS / Hemangioma / Angioma / Rosacea / Telangiectasia / Other: Total cost of treatment/package is		
• I understand that without eye protection, IPL applied near the eyes may cause severe ocular complications.		
• I understand that there is a rare possibility of side effects or serious complications including permanent discoloration and scarring. I am aware that careful adherence to all advised instructions will help reduce this possibility.		
• I understand the below list of short-term effects and agree to follow matching guidelines:		
 Flaking of pigmented lesions – crusts may take 5 to 10 days to disappear, and it is important not to manipulate or pick which may otherwise lead to scarring. Discomfort – during the procedure, I might experience a sensation similar to a rubber band snap or shock. Severity will vary per my skin condition and area sensitivity but that does not last long. A mild "sunburn" sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams. Reddening and swelling – severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with application of cooling and/or anti-inflammatory creams. Bruising may rarely occur and may last up to 2 weeks. 		
• I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and may increase the chance for complications.		
• The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered.		
• Pre and post-care instructions have been discussed and are completely clear to me.		
• I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required.		
• I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record.		
• I consent to photographs being used for medical education, publication or social media with applied discretion and not revealing my identity. (OPTIONAL)		
• I agree to review the following IPL™ pre-treatment compliance checklist along with my Physician and bring accurate and updated data, to the best of my knowledge.		



	Skin type of the area to be treated: I \square II \square III \square IV \square V \square		
OptiLight	Ocular surgery or eyelid surgery, within 6 months prior to the first IPL session?	NO	YES
	Neuro-paralysis (Botox, Dysport), dermal fillers (Juvederm, Restylane), and/or chemical peels in the planned treatment area, within 6 months prior to the first IPL session? If YES, date(s) of last treatment(s)	NO	YES
	Uncontrolled eye disorders affecting the ocular surface, for example active allergies?	NO	YES
	Pre-cancerous lesions, skin cancer, or pigmented lesions in the planned treatment area?	NO	YES
	Uncontrolled infections or uncontrolled immunosuppressive diseases?	NO	YES
	Ocular infections, within 6 months prior to the first IPL session?	NO	YES
	Prior history of cold sores or rashes in the perioral area or in the planned treatment area that could be stimulated by light at a wavelength of 560 nm to 1200 nm, including: herpes simplex 1 & 2, systemic lupus erythematosus, and porphyria?	NO	YES
	Within 3 months prior to the first IPL session, use of photosensitive medication and/or herbs that may cause sensitivity to 560-1200 nm light exposure, including: isotretinoin (Accutane), tetracycline, doxycycline, minocycline, and St. John's Wort?	NO	YES
	Radiation therapy to the head or neck, within 12 months prior to the first IPL session?	NO	YES
	Planned radiation therapy, within 8 weeks after the last IPL session	NO	YES
	Treatment with a chemotherapeutic agent, within 8 weeks prior to the first IPL session?	NO	YES
	Planned chemotherapy, within 8 weeks after the last IPL session?	NO	YES
	History of migraines, seizures, or epilepsy?	NO	YES
	Tattoos in the planned treatment area?	NO	YES
	Exposure to sun or artificial tanning during 3-4 weeks prior to treatment?	NO	YES
	Any remaining suntan, sunburn, or artificial tanning products?	NO	YES
My signatur	e certifies that I duly read and understood the content of this informed consent form, and that I gave		

the accurate information as to my health condition. I hereby freely consent to OptiLight IPL treatments. No

Signature

Date

refunds for treatment purchases, store credit only.

Name of patient (please print)



Pre and Post Treatment Care and Guidelines

Pre – Treatment

- No sun sensitizing oral medications 4 weeks prior to treatment. These include doxycycline, minocycline, tetracycline, and/or isotretinoin (Accutane).
- No significant sun exposure and tanning (artificial and natural) 3-4 weeks prior to IPL treatment.
- Avoid any skin care products containing tretinoin (Retin-A), retinol, benzoyl peroxide, hydroxy acids (glycolic, lactic. and/or salicylic acids), astringents, or vitamin C for 2 weeks before your treatment.
- Arrive to your IPL treatments make-up free and moisturizer free.
- Please make us aware of any sudden active cold sores or shingles infections.
- Please make us aware of any new skin cancer lesions on face.

Post - Treatment

- High factor 30-50 SPF sunscreen will be applied after the treatment and should be used for at least 1 month post treatments
- Avoid direct sun exposure for at least 48 hours post treatment. If you are outside, apply sunscreen often and wear a hat.
- Skin reddening can occur post treatment. Your skin may feel like it has mild sunburn. You may experience erythema (redness), edema (swelling), and some discomfort of the treated areas for several hours or up to 3 days post-treatment.
- Avoid any skin care products containing tretinoin (Retin-A), retinol, benzoyl peroxide, hydroxy acids (glycolic, lactic. and/or salicylic acids), astringents, or vitamin C for 1 week after your treatment.
- You may resume makeup on the treated area, as long as the skin is not irritated. If you do not need makeup for the evening or treatment, wait until the next morning.
- Do not wax, tweeze, or use a chemical depilatory (i.e. Nair, Nad's, etc) to the treated areas for 1 week after your treatment.
- You may notice reduced hair growth in the treated area(s) with continued treatments.

^{**}Pre-screening medical questionnaires will be administered or sent to you by staff and reviewed prior to any treatment**