

# pelle — spa

## Venus Versa IPL Informed Consent (Intense Pulsed Light)

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

IPL, Intense Pulsed Light treatment, uses selective photothermolysis to effectively target tissue and treat benign pigmented and vascular lesions with minimal effect on surrounding tissue. Conditions that can be treated include, but are not limited to; sun damage, age spots, melasma, freckles, redness caused by rosacea, visible veins, hemangiomas, discolorations, and fine lines. Individuals with diseases which may be stimulated by light at the wavelengths used, such as Systemic Lupus Erythematosus, Porphyria, or Epilepsy are advised not to undergo this procedure.

The following side effects may or may not occur.

- Discomfort is generally mild if any.
- Swelling is uncommon but may occur.
- Redness, burning, and itching may persist anywhere from a few minutes to several days.
- Demarcation is a difference in color, texture, or pigmentation that may occur at the junction between the treated and non-treated skin areas.
- Pigmentation changes are rare and usually temporary. Although, hyper or hypo pigmentation can occur and may or may not be permanent.
- Skin Peeling and Dryness may occur and for several days.
- Other rare complications include: Infection, blistering, scarring, or allergic reaction.
- Sun exposure (pre and/or post treatment) and not following post treatment instructions may increase the risk of complications. A broad spectrum sun protection with a minimum SPF 30 is to be used daily during the entire duration of treatments.

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.

I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.

I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.

I have been given and have read and understand the pre- and post-care instructions

I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if i choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

**Signature**

----- Date -----

**Signature of Parent/Guardian (if patient is under 18)**

----- Date -----

**Provider Name and Signature**

----- Date -----

\*This consent is good for one year.