



Please read and initial each statement. Complete, underline or circle individual selection accordingly.

INITIALS

- 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. _____

FITZPATRICK SKIN TEST

- What is the color of your eyes?
 0. Light blue or light green
 1. Blue, green, or hazel
 2. Light brown
 3. Dark brown
 4. Brownish black
- What is the natural color of your hair?
 0. Sandy red
 1. Blonde
 2. Chestnut/dark blonde
 3. Dark brown
 4. Black
- What is the color of your skin (non-exposed areas)?
 0. Reddish
 1. Very pale
 2. Pale with beige tint
 3. Light brown
 4. Dark brown
- Do you have freckling on your body in places you do not expose to the sun?
 0. Many
 1. Several
 2. Few
 3. Incidental
 4. None
- What happens when you stay in the sun too long?
 0. Painful, redness, blistering, peeling
 1. Blistering followed by peeling
 2. Burns sometimes followed by peeling
 3. Rare burns
 4. Never had burns
- To what degree do you brown?
 0. Hardly or not at all
 1. Light color tan
 2. Reasonable tan
 3. Tan very easy
 4. Turn dark, brown quickly
- Do you turn brown withing several hours after sun exposure?
 0. Never
 1. Seldom
 2. Sometimes
 3. Often
 4. Always
- How does your face react to the sun?
 0. Very sensitive
 1. Sensitive
 2. Normal
 3. Very resistant
 4. Never had a problem
- When did you last exposure your face/body to the sun or artificial tanning device or tanning cream?
 0. More than 3 months ago
 1. 2-3 months ago
 2. 1-2 months ago
 3. Less than a month ago
 4. Less than 2 weeks ago
- Do you wear sunscreen or protect your face every time you are outside?
 0. Always
 1. Often
 2. Sometimes
 3. Hardly ever
 4. Never

TOTAL _____

0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V



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****