

## CONSENT FOR OPL- Optimal Pulse Light Laser Skin Treatment

Intense pulsed light treatment is one method of treating some skin conditions. Treatments using the Palomar ICON Laser system will not cure any medical conditions causing pigmented or vascular lesions, nor provide immunity against reoccurrence.

Indication for treatment:

- Younger patients with milder degrees of skin damage or early aging changes
- Pigment Changes. Sun Damage or Aging Skin
- Ruddy Skin Appearances (“Dyschromia”)
- Facial Veins and Redness , Flushing-Rosacea, Port-Wine-Stains
- Enlarged Pores
- Fine Lines and Wrinkles
- Unwanted Freckles
- Mild Scarring
- Irregular pigment and skin tone - Poikiloderma

The purpose of the treatment is to achieve cosmetic improvement by removing diffuse redness and accumulated pigment using intense pulsed light to target hemoglobin in the fine vessels that appear as diffuse redness and to target stored melanin that appears as pigmented marks.

I hereby authorize Dr. Anouche Moshari -Roberts and any other associates or assistants, to treat me using the Palomar ICON Laser system for the reduction of sun damage in the skin . I understand that the procedure is purely elective , that the treatment may not be 100% effective, that the results vary with each individual, and that multiple treatments may be necessary. I have been informed about alternative treatment possibilities and I understand that other forms of

treatments or no treatment at all, are choices that I have. It has been explained to me that there are certain risks in any procedure. I understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild “sunburn” like effects that may last from a few hours to 3-4 days or longer.
- Pigment changes, including hypo pigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in the treated areas.
- Other potential risks include crusting, itching, pain, bruising, burns, blistering, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Lasers/intense pulsed light can cause eye injury and protective eyewear must be worn during treatment.

I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provide to me may increase my chance of complications.

I agree to follow the post-treatment recommendations in order to ensure the best possible results.

I understand that exposure to the sun, and excessive heat must be avoided for 3 to 6 months after the treatment and a sun block of SPF 30 or greater must be used on the exposed skin areas. It is possible that blotchy skin pigmentation, hyper – or hypo pigmentation might occur if this recommendation is not followed.

I agree to cooperate with the recommendations of my doctor; I realize that any lack of cooperation could result in less than optimum results.

I understand there are no guarantees. Results are individual and may vary. There are no refunds.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE PROCEDURE AND TO THE EXPLANATIONS REFERRED TO, OR MADE. I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS REGARDING THE PROPOSED TREATMENT. I ALSO CERTIFY THAT I READ AND WRITE ENGLISH.

I understand that payment for services rendered is due at time of services (unless prepaid). In the event of default, I promise to pay legal interest (18%) annually) on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to effect collection of this note. There are no refunds.

Adult Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Below Office Use Only:

Payment	Treatment(s)	Area	Setting	Follow up		