



IPL CONSENT:

Initials:

• I authorize Doctor Rodgin to perform IPL™ treatments on me in an effort to improve Dry Eye Disease / Dyschromia / Hyperpigmentation / Hair Reduction / PWS / Hemangioma / Angioma / Rosacea / Telangiectasia.

• 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 short-term effects listed below and agree to follow the 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, which degree 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 agree to review the following IPL™ pre-treatment compliance checklist along with Dr. Rodgin, and bring accurate and updated data, to the best of my knowledge.

I have / have not had the following:

Circle one:

Ocular surgery or eyelid surgery, within 6 months prior to the first IPL session?	NO YES
Neuro-paralysis in the planned treatment area within 6 months prior to the first IPL session?	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, Tetracycline, Doxycycline, 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 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
Natural or artificial sun exposure in the past 3-4 weeks pre-op or the following 3-4 weeks post-op plan?	NO YES
Use of self-tanners or tan enhancer caps within the past 3-4 weeks pre-op plan?	NO YES
Photosensitive herbal preparations (e.g. St John's Wort, ginkgo biloba) or aromatherapy (essential oils)?	NO YES

Diseases which may be stimulated by light at 400 nm to 1200 nm, such as systemic lupus erythematosus or porphyria?	NO	YES
Pregnant or possibility of pregnancy, postpartum or nursing?	NO	YES
Inflammatory skin conditions (dermatitis, etc...)?	NO	YES
Presence or history of active cold sores or herpes simplex virus?	NO	YES
HIV?	NO	YES
Active cancer (currently on chemotherapy or radiation) NO YES Previous skin cancer?	NO	YES
Medical history of keloid formation?	NO	YES
Intake of isotretinoin within the past year?	NO	YES
Medical history of Koebnerizing isomorphic diseases (vitiligo, psoriasis)?	NO	YES:
Any known allergy?	NO	YES
Any tattoo and/or pigmented lesion on requested treatment area that should be protected?	NO	YES
Hormonal or endocrine disorders (PCOS or uncontrolled diabetes)?	NO	YES
Previous hair removal procedures on requested treatment area (other IPL/laser, wax, electrolysis)?	NO	YES
PL SR VL Any observed modification (color, size, texture and border) on the lesion to be treated?	NO	YES
Intake of aspirin or anti-coagulants?	NO	YES
Easy bruising?	NO	YES

My signature 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.

Name of patient (print)

Signature of patient

Date