



www.novamedspa.com

21785 Filigree Court, Suite 100 Ashburn, Virginia 20147 703.554.1130 fax: 703.554.1133

IPL Laser Consent Form

Intense pulsed light treatment is one method of treating sun-damaged skin (benign pigment damage) and to diffuse redness. Treatment using the *Ellipse I2PL* system will not cure any medical conditions causing pigmented or vascular lesions, nor provide immunity against reoccurrence.

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 _____, a board certified Aesthetician at *The Medical Spa at Nova* to treat my skin using the *Ellipse I2PL* system for the reduction of sun damage or reduction of redness. I understand that the treatment may not be 100% effective and multiple treatments may be necessary. Also I understand that this consent form is valid for the duration of my treatment.

I understand that there are certain risks in any procedure and that in this specific instance such risks include, but are **not** limited to the following:

1. Post treatment discomfort, such as redness, swelling, which may last up to 10 days.
2. Although uncommon, treatment with intense pulsed light may cause blisters or light burns to the epidermis.
3. Transient hyper or hypopigmentation may occur and will normally fade in 3 to 6 months.

I understand and agree to follow all the pre and post treatment recommendations in order to ensure the best results.

I understand since the treatment makes my skin more sensitive to the sun, I must reduce exposure to the sun and apply a sunscreen with SPF 45 or higher every day during my series and for several months after the last treatment. I also understand that the use of tanning bed causes the same amount of damage on my skin as the sun; therefore, I will not use the tanning bed before, during, and after my treatments.

I certify that I have read and fully understand the terms and words within the above consent form to the IPL Laser procedure. I have had the opportunity to ask any questions regarding the proposed treatment.

Clients Signature: _____ Date: _____

Clients Name _____

(Please Print)

Providers Signature: _____ Date: _____

Providers Name _____

(Please Print)



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IPL Pre & Post Treatment Care

Avoid any of these medications or treatments

1. Stop using Accutane 1 year prior to the treatment.
2. Stop any type of exfoliating treatment(s) to the area of treatment, 2-4 weeks prior and after your IPL treatment.
3. Stop applying Retin-A, Renova, Tazorac, and Differin 2 weeks prior and after, to the treatment area.
4. Stop sun tanning or using the tanning bed 2-4 weeks prior and after, to your treatment.
5. Stop any type of depilatory treatments (waxing, depilatory creams) to the area of treatment, 4 weeks prior and after your IPL treatment.
6. Stop electrolysis, and laser hair removal treatments to the area of treatment, 4 weeks before & after your IPL treatment.

I understand that because IPL treatment will make my skin more sensitive to the sun, I will protect my skin, by applying a sunscreen with **SPF 45 or higher** every day for the duration of my treatments and for several months after the last treatment. I also understand that the use of tanning bed causes the same amount of damage on my skin as the sun; therefore, I need to stop using the tanning bed before, during, and after my treatments.

The Medical Spa at Nova

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