

INFORMED CONSENT FOR RADIANCY SKIN REJUVENATION

Please read this consent form thoroughly, initial each section and sign and date the bottom. If you have any questions, please discuss them with us.

I understand that the Radiancy Skin Rejuvenation system is a light-heat-energy source that is capable of eliminating or reducing the appearance of pigmented lesions related to sun damage and aging, vascular lesions, erythema related to rosacea, and fine lines and wrinkles. I understand that results may vary depending on individual factors, including medical history, skin type.

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I understand that to achieve optimal results it will take a multiple treatments.

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I have completed the Esthetician Medical History form and understand that if I have any of the following conditions I should not be treated at this time.

- Under the age of 18
- Pregnancy
- Inflammatory skin conditions in treatment area
- Use of isotretinoin (Accutane) within the last 6 months
- Use of medications causing sensitivity to the sun within the last 30 days
- Epilepsy or photosensitive disease such as lupus
- Tattoos in the treatment area
- Tanning (by light or chemical)within the last 30 days

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I understand the following side effects may occur

- There may be some discomfort during and after the procedure
- Temporary redness, swelling, or minor blistering may occur.
- Small risk of changes in skin texture and/or pigmentation which are usually temporary.
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_____ Initial

I understand and agree that I must avoid ultraviolet light (i.e.: tanning beds and laying out in the sun without a SPF of 15 or higher) for 30 days prior and 30 days post treatments.

_____ Initial

I authorize the taking of photographs before, during and after the procedures. I understand that these photographs may be used for medical education, research, and documentation of the medical record.

_____ Initial

Signature of Patient

Date _____

Signature of Witness

Date _____