

Informed Consent - Laser or Light-Based Treatment

I authorize Malisse Skin Bar to perform laser/pulsed-light treatment on me, including but not limited to deep tissue heating, soft tissue coagulation, skin resurfacing, reducing or eliminating hair, treatment of pigmented lesions (sunspots, age spots, and other skin discolorations), vascular lesions (veins), acne, wrinkles, scars and/or tattoo removal. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- Some serious but rare complications are possible, such as, acne and herpetic breakouts, blood clots, skin loss, seroma (pockets of serum fluid in areas where tissue has been removed), hematomas (collection of blood under the skin), abscess, injury to other internal structures including nerves, blood vessels, or muscles, allergic reaction to medications or material used during the procedure.
- There is no guarantee that the expected or anticipated results will be achieved.
- Following the procedure, the area may be red and swollen for 24 hours or longer. Cold packs may help reduce this swelling.
- The System delivers a precise pulse of light energy (either laser or lamp) that is absorbed by a chromophore in the skin, for example, the pigment in hair, causing a thermal reaction.
- All personnel, in the treatment room, including me, will wear protective eyewear to prevent eye damage from this intense light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate-to-severe pinprick or flash of heat. If the practitioner elects to use a local anesthetic, all options will be discussed with me.
- Common side effects include temporary redness and mild “sunburn” like effects that may last a few hours to 3-4 days or longer. Other potential risks include, but are not limited to, bleeding, crusting, irritation, itching, pain, bruising, burns, poor healing, infection, scabbing, scarring, swelling, and failure to achieve the desired result. There are also risks of resulting unsatisfactory appearance.
- Contraindications may include pregnancy, use of medication that increases photosensitivity, diabetes, history of keloid scarring, recent or planned sun exposure, use of anticoagulants and a history of bleeding disorders.

Patient Initials _____

- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas. I understand that sun or tanning lamp exposure and not adhering to the after-treatment instructions provided to me may increase my chance of complications.
- The hair removal procedure will require a minimum of four (4) or more treatments for maximum benefit. It may not produce permanent hair removal.
- There is a potential risk of allergic reaction to any coupling gels or lotions or the numbing anesthetic that may be applied to the skin before treatment. Such risks include temporary swelling, itching and formation of a rash. I understand that any follow-up or subsequent medical treatments should be directly with the licensed practitioner.
- I consent to be photographed before, during, and after the injection(s) to document the results and authorize the use of these “before & after” photographs and videos of me for education, promotion, marketing, or advertising purposes provided my identity is not revealed.

Patient Initials

- This procedure is generally considered cosmetic and is not covered by insurance. I understand that I am responsible for all costs of treatment(s).

Patient Initials

- I acknowledge this consent form is valid for all future Laser or Light-Based treatments and agree to alert my aesthetic nurse specialist at Malisse Skin Bar If there are any future changes to my medical history.

Patient Initials

I declare the procedure’s potential benefits and risks, and alternative treatment options have been explained to me. Before and after treatment instructions have been discussed with me and I have been given the full opportunity to ask any and all questions which I might have about obtaining an IPL and Laser Treatment, and that all of my questions have been answered to my full and total satisfaction.

I declare there are no warranties or guarantees of any kind, implied or specific about the final outcome and acknowledge that no guarantee or representation has been given by anyone as to the outcome.

I declare I have read this Informed Consent (or it has been read to me), I understand the information contained in it including the fee structure and acknowledge I will not receive any refunds or credits for any treatment(s) or pre-paid laser/pulsed-light treatment (IPL) treatment packages.

I understand the inherent (specific) risks of the procedure(s) I seek, as well as those additional risks and complications, benefits, and alternatives and hereby release Malisse Skin Bar, its owners, members, officers, medical director, aesthetic nurse specialists, managers, employees, service providers, specialists, and affiliates from any and all claims, damages or legal actions arising from or connected in any way with my treatment/procedure to the fullest extent allowed by law.

I have no further questions and give my consent to proceed.

Patient Signature
(Person Authorized to Sign for Patient)

Date

Patient Name (Please Print)

Malisse Skin Bar's Aesthetic Nurse Specialist