



# V-IPL Informed Consent

## *Patient Information*

First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone / Mobile: \_\_\_\_\_

## *Health Questionnaire:*

Have you today or in the past experienced any of the following:

Active/ Chronic conditions: Y N Specify: \_\_\_\_\_

Surgeries/ Hospitalization: Y N Specify: \_\_\_\_\_

Medication Care: Y N Specify: \_\_\_\_\_

Sensitivity to Medication: Y N Specify: \_\_\_\_\_

Allergy: Y N Specify: \_\_\_\_\_

Pregnancy: Y N

Under age of 18 Y N

## *Exclusion Criteria from treatment (Contraindications):*

Circle any that apply to you:

- Cardiac pacemaker, defibrillator, or other implanted electronic device
- Any diseases which may be stimulated by light or heat (such as Herpes Simplex)
- Impaired immune system (such as HIV) or use of immunosuppressive medications
- Hepatitis or liver disease
- History of bleeding coagulopathies, or use of anticoagulants (blood thinning medications)
- High or low blood pressure (with medications)
- Epilepsy Hormonal disorders or endocrine disorders (such as polycystic ovary syndrome or diabetes), unless under control
- Suffering from Keloid scars or impaired wound healing

- Vitiligo or tendency to hypopigmentation
- Current or history of cancer, any cancer drug therapy (such as Ducabaxine, Fluorouracil, Methotrexate, etc.), pre-cancerous lesions or problematic moles
- History of local or recurrent skin infection Fragile, extra dry and sensitive skin
- Any active skin disease or inflammation (such as Herpes, Psoriasis, Eczema, rash) in the treatment area
- Metal implants in the treatment area
- Undiagnosed lesions in the treatment area
- History or current tattoo or permanent makeup or nevi present in the treatment area
- Any synthetic filler procedures (i.e. silicon) in the treatment area. Please note that some of the fillers are “heat resistant”. In these cases, treatments may start two weeks after the filler procedure.
- Deep chemical peel / laser peel in the past 6 months
- Use of Accutane (Isotretinoin, Roaccutane) within the past 3-6 months
- Childbirth in the past 6 months or nursing in the past 3 months
- Sunburns, exposure to sun or artificial tanning during the past 3-4 weeks prior to treatment
- Use of photosensitive medication or herbs within 2 weeks prior to treatment (such as Isotretinoin, tetracycline, or St. John's Wort.)
- Tretinoin – Retin A in the last 2 weeks
- Meso-threads in the last 2-3 weeks
- Chemical peel or natural fillers in the past 2 weeks
- Botox injections in the past 5-7 days

Contraindications should be thoroughly evaluated and confirmed at each patient’s visit.

***For patients with chronic herpes simplex virus infections, pretreatment with antiviral medications should be initiated, especially when lesions appear in the site to be treated. Antiviral treatment typically begins 1 day prior to treatment and continues for a total of 5-7 days.***



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# Informed Consent

1. I \_\_\_\_\_duly authorize\_\_\_\_\_and other specially trained associate technicians of this facility, to perform treatments using light based technology systems (IPL) by Sinclair.

2. I am hereby undertaking the responsibility of the treatment outcome.

3. I hereby commit to inform about any change in my medical and health condition.

4. I do not suffer from Herpes / I suffer from Herpes and I agree to initiate preventive treatment with antiviral medications, though I am aware that preventive treatment does not ensure total prevention of Herpes appearance during the treatment.

5. I understand the procedure is purely elective and that studies indicate that results vary with each individual according to skin condition and physiological attributes as well as the medical condition of the client.

6. I understand that a commitment to a series of treatments is required to achieve optimal results and I am aware that the treatment may be performed by different Taylor Drive Facial Aesthetics LLC personnel.

7. I consent that Taylor Drive Facial Aesthetics LLC may discontinue the treatment course at any time without prior notice.

8. I consent to photographs for the purpose of monitoring response to treatment and for use in medical education research of Taylor Drive Facial Aesthetics LLC as long as my anonymity is maintained and my privacy protected.

## **9. I hereby declare that I was informed in regards to the following:**

9.1 The versatile treatments available with Sinclair's light based systems are based on a principle called selective photothermolysis. The light emitted and absorbed by targeted chromophores (light sensitive molecules) encourages a specific biological process to achieve the desired clinical result.

9.2 I have been advised regarding possible risks and side effects of the treatment which may include slight pain, erythema, edema, superficial burn, blister, rash, color changes (hyper or hypo pigmentation), bruising, paradoxical unwanted hair growth. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed and a physician consult may be necessary.

9.3 I am aware that exposure to sun 3-4 weeks prior and after treatment are contraindicated to the treatment and may promote side effects. I was advised to use SPF >30 in between treatments.

9.4 I was advised about the use of protective goggles and I agree to wear them throughout the duration of the treatment.

***My questions regarding this procedure have been answered to my satisfaction.  
I accept all risks of treatment and agree to provide aftercare as directed by this facility.***

Clients Name	Clients Signature	Date

**For patients under the age of 18:**

Guardian Name and Relationship to Patient	Guardian Signature	Date

**Treating personnel Declaration:**

Treating Personnel Name	Signature	Date

***This consent was accepted by me, after I explained to the client all of the above and I confirm that all of my explanations were understood by her/him.***