

INTENSE PULSE LIGHT

Acne Treatment Consent Form

1. I understand my acne treatments are performed with the Quadra Q4 Platinum Series Intense Pulsed Light system which uses high intensity pulsed light. I understand the procedure may cause discomfort during treatment and a slight redness and irritation will occur on the skin after treatment. This irritation and redness usually subsides in 12 to 24 hours. In some rare cases side effects may include, but are not limited to, lightening or darkening of the skin, blistering, and/or skin irregularity.
2. I understand that acne treatment results vary from patient to patient. I also understand that in order for the procedure to be effective, the following guidelines must be followed:
 - a. Multiple consecutive treatments are performed until the desired result is observed.
 - b. The avoidance of active acne treatments and washes (*Accutane, Retin-A, and other Photosensitizing Agents*).
3. I understand that sun exposure 2 weeks prior to treatment and/or 2 weeks after treatment can possibly cause darkening or lightening side effects of the skin.
4. I understand that other forms of acne treatment methods exist.
5. All my questions regarding this procedure have been answered.
6. I understand that the physician may use any pictures taken of me for educational purposes.

Witness: _____

Date: _____

Signature: _____