

SkinBrite Mult-IPL™

Client Consent Form

CLIENT INFORMATION

Full Name:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Customer ID:	<input type="text"/>
Date of Birth:	<input type="text"/>		

I understand that I will require **multiple treatments** to obtain the significant, long-term intended results. I may experience temporary changes like **improved skin tone, diminished pigmentation, lighter vascular veins**, along with long-term benefits like **thinner, slower hair regrowth** and **skin rejuvenation**. Results may vary and are not guaranteed.

CLIENT'S CONSENT

- Unprotected Sun Exposure, Tanning Beds, and Sunless Tanners 3 to 4 Weeks Prior
- Permanent Fillers Particularly Silicone (Silicone Insulates Creating much Heat)
- Waxing of the Area Within the Last 8 Weeks
- Use of Depilatory Creams or Bleach 4-6 Weeks Prior
- Pregnancy and Nursing Mothers
- Temporary Dermal Fillers within the Last 2 Weeks
- History of Seizures
- History of Keloid Scarring
- Active Infection, Undiagnosed Lesions, Warts, Tattoos in the Treatment Area
- History of cold sores (herpes simplex); treatments can reactivate herpes, and prophylactic medication may be recommended
- Retin-A and Similar Products 3 Days Before and 7 Days after Treatment

By signing below, I confirm that I have read, comprehended, and agree to the checklist.

Client's Name:

Client's Signature:

RISKS AND COMPLICATIONS

I understand there is a possibility of short-term effects. Risks of this procedure include, but are not limited to, the following:

Pain – Some people may feel some pain with this treatment, similar to snapping the skin with a rubber band.

Redness – Laser treatment will cause redness of the area. The redness may be present for weeks to months.

Swelling – Swelling will be present after the procedure and should likely resolve after 1-2 weeks.

Pigmentary Changes – Skin Tone changes (light or dark spots on the skin) lasting 1-6 months.

Scarring – Risk of scarring is at any time during the healing process, it may be discolored and may be permanent.

Blistering & Scabbing – The laser procedure may produce heating in the upper layers of the skin, resulting in blister formation and scabs.

Infection – An infection of the wound is always possible. Acne Breakout – Acne or folliculitis may follow laser/IPL treatments.

Eye Damage – Protective eyewear will be provided. It is essential to keep this eyewear on at all times during treatment to protect your eyes from accidental laser or IPL exposure.

Acne Breakouts – Acne may develop temporarily after treatment.

In relation to IPL Skin-Rejuvenation Treatments, I have been advised as follows:

- The treatment generally yields successful results for most clients, but individual outcomes cannot be guaranteed.
- Typically, 4 sessions are required for effective pigmentation or capillary reduction.
- Darker pigmentation tends to respond more effectively, and micro-crusting may occur as part of the healing process.
- Exposure to UV rays can cause pigmentation to darken again; proper skincare is essential for maintaining results.
- Redness may reappear within 7 days following treatment, and if capillaries remain compromised, additional treatment within 14 days is strongly recommended to ensure optimal effectiveness.

CLIENT RELEASE:

- I understand that sun exposure, tanning (including beds), and bronzers must be avoided for three weeks before and 3-5 days after treatment.
- I understand darker pigmentation responds better to treatment than lighter pigmentation, and micro-crusting will occur.
- I shaved the treatment area seven days before my session and will continue to do so for future sessions. I haven't been waxing, tweezing, threading, or using hair removal creams between appointments.
- I consent to photographs being taken during my laser treatments and kept confidential as part of my file, owned by _____.
- I will alert my aesthetician immediately if I have been in the sun, had a tan, or a sunburn, within the last 4 weeks.
- I have not had Laser Resurfacing within the last 6 months.
- I have not had a Chemical Peel – within the last 4 weeks.

*Any concerns regarding the treatment should be discussed directly with the Aesthetic Consultant at the clinic to ensure proper resolution and guidance.

By signing below, I confirm that I have read, comprehended, and agree to the checklist outlined above.

Client Name:

Client Signature Date:

Staff Name:

Staff Signature Date: