



Informed Consent Form for treatment with the V-IPL based V30™ device

Patient Information:

First and Last Name: _____

D.O.B.: _____

Address: _____

Phone: _____

Health Questionnaire:

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

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

Are you under the age of 18: Y/N

Exclusion Criteria from treatment (Contraindications):

Check any of the boxes that apply to you:

Cardiac pacemaker, defibrillator, or other implanted electronic/metallic device

Any diseases which may be stimulated by light or heat (such as Herpes)

Use of drugs that influence the immune system

Impaired immune system (such as HIV)

Hepatitis or liver disease

Use of blood thinning medications (anticoagulants)



- Active or recent malignancy (especially skin cancer) or problematic moles in treatment area
- Epilepsy
- Any hormonal disorders (such as diabetes)
- Suffering from Keloid scars or impaired wound healing

- Any active skin disease or inflammation in the treatment area (such as Herpes, Psoriasis, Eczema, rash)
- Vitiligo or tendency to hypopigmentation
- Fragile, extra dry and sensitive skin
- Undiagnosed lesions in the treatment area
- Tattoo or permanent makeup in the treatment area
- Use of Accutane within the past 6 months
- Breast-feeding in the past 3 months
- Sunburns or 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

Client Name: _____ (PRINT)

I _____ duly authorize _____, and other specially trained associate technicians of this facility, to perform treatments using the V-IPL V30™ system.

1. I am hereby undertaking the responsibility of the treatment outcome
2. I hereby commit to inform my practitioner about any change in my medical and health condition
3. I do not suffer from Herpes / I suffer from Herpes and I agree to initiate preventive treatment with antiviral medications, though I aware that preventive treatment do not ensure total prevention of Herpes appearance during the treatment.
4. I understand the procedures are purely elective and that studies indicate that results vary with each individual according to skin and or hair type as well as the medical condition of the client.



5. I understand that a commitment to a series of treatments is required to achieve optimal results and I am aware that various staff personnel may perform the treatment.

6. I consent that my practitioner may discontinue the treatment course at any time without prior notice.

7. I hereby declare that I was informed in regards to the following:

7.1 The versatile treatments available with the V30™ V-IPL are based on a process called selective photothermolysis. V30™ V-IPL emits pulsed light energy in one concentrated flash. The light emitted and absorbed by targeted chromophores (light sensitive molecules) encourages a specific biological process to achieve the desired clinical result.

7.2 I have been advised in regards to possible risks and side effects of the treatment, which may include slight pain, erythema, edema, color changes (hyper or hypo pigmentation) and burns. 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.

7.3 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 34 in between treatments.

7.4 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.

Signature of Client

Date

Can photographs for follow-ups and case studies be taken for Practitioner/Manufacturer use? No identifiable features will be revealed. Y / N

Signature of Client

Date