

PHOTOGRAPHS

I understand that photographs may be taken for my medical chart only. No photos will be used in any way without my written permission.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant, have any significant neurological disease, or have any allergies to IPL.

PAYMENT

I agree to pay the exact value for the above mentioned services, and I understand that there will be no refund for any performed services.

RESULTS

Based on the experience of many other physicians, it has been found that those people who tend to sunburn rather than tan usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results, and some will experience no improvement at all.

Due to the nature of this treatment, exact results cannot be predicted, and I acknowledge that no guarantees have been made to me as to the results that may be obtained. I further understand that no promises of permanence have been made to me regarding any laser-assisted hair removal or skin care treatments.

CONSENT

I have read this agreement, and my questions were answered to my satisfaction. I give my informed consent for IPL treatment today, as well as for future treatments that may be needed. I agree to adhere to all safety precautions and regulations during the laser treatment. I have received and understood post treatment care recommendations. I understand that I have the right to refuse treatment.

Please call our office at 858-353-3882 with any questions or concerns.

Client Signature

Date

Print Client Name

Witness Signature

Date