



## Consent for IPL Hair Removal Treatments

I authorize Surface Medical Spa personnel to perform hair removal and/or skin treatments on me using various light pulse devices. I understand that this procedure is purely elective.

I understand that serious complications are rare but possible. Common side effects include temporary redness and mild “sunburn” like effects that may last up to 3 days or longer. Pigment changes (light or dark spots on the skin) lasting 1-6 months could occur. In addition, freckles may temporarily or permanently disappear in treated areas. Other potential risks include: itching, pain, burns, swelling, and failure to achieve the desired or expected results. Intense light may cause eye damage unless protective eye wear is worn during treatment.

I understand that sun or tanning lamp exposure after treatments and not adhering to the post-care instructions provided will increase my chances of complications.

Pre and post treatment instructions have been discussed with me. The procedure, as well as potential benefits and risks have been explained to my satisfaction. I have had all of my questions answered and freely consent to the proposed treatments.

Patient Signature \_\_\_\_\_ Witness Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_