

**Luminique Cosmetic and Laser - Saskatoon  
IPL / Photo Rejuvenation Consent**

1. I voluntarily request Intense Pulsed Light skin rejuvenation in the following areas
2. I voluntarily consent and authorize the BBL treatment be performed by the staff of this clinic. I hereby release this clinic from any or all liability for any adverse effects that may result from this treatment.
3. For the purpose of adequate record keeping, I consent to have the staff take before, during and after treatment photos of the involved area(s). These photos shall be used for medical records and shall be treated with the same confidentiality as the remainder of my records at this clinic.
4. I recognize that this BBL treatment is not an exact science and I understand no guarantees or assurances have been made to the result or cure. There are risks related to the performance of these procedures. I understand and acknowledge that the risks that may occur in connection with this particular procedure may include the following:
  - e) **Bruising or purpura:** may results in the treated area and may take up to 10 days to resolved – there is an increased percent of developing this if you have taken aspirin or aspirin containing products or blood thinning medications. You can cover with makeup while it is fading.
  - f) **Discomfort and pain:** Some discomfort will be experienced during and after treatment. You can use a topical anesthetic to decrease the sensation.
  - g) Recurrence of the lesion or skin concern: You may not experience a permanent result even after multiple treatments.
  - h) **Swelling:** Some may develop some swelling in the facial area. This is temporary and will resolve in 3-5 days
  - i) **Pigment changes:** During the healing process, the area may become lighter or darker. This is usually temporary but in some instances, it can be permanent. It is vital to have no CURRENT FRESH TAN.
  - j) **Scars:** This is a rare complication, nut it is possible if the skin surface is disrupted by the IPL. To minimize this, it is important to follow the post care instructions.
  - k) **Sun exposure:** During the treatment sessions, the skin may be pink and sensitive to sun. A sun block with a minimum SPF of 40 is vital to protect the skin.
  - l) **Blindness and eye damage:** It is key that you wear the protective goggles provided during the treatment and to keep your eyes closed.
5. I understand and acknowledge that I have been informed by means of visual aids, as well as individual discussion, that multiple treatments are often required to produce long-term results and that some patients have no results even with multiple treatments. The usual number of treatments is 5-6, but more may be required.
6. I have been given the opportunity to ask questions about my condition, alternate forms of anesthetic and treatment, the procedure to be used, and the risks and hazards involved. I believe that I have sufficient information to give an informed consent. By signing below, I certify that I have read and fully understand the contents of this document. I certify that I am a competent adult of at least 18 years of age.

\_\_\_\_\_  
Signature of Patient

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

\_\_\_\_\_  
Print name of Patient

\_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Date