



L A S E R & L I G H T C O N S E N T

Laser and IPL (intense pulsed light) treatment

Patient name (print) _____

Date of birth _____

Treatment area(s) _____

AUTHORIZATION

I, the patient named above, hereby authorize Marcella Zinn of SkinCare by Marcella LLC to perform laser and intense pulsed light (IPL) cosmetic skin treatments on me, which may include deep tissue heating, soft tissue coagulation, skin resurfacing, hair reduction, treatment of pigmented lesions (sun spots, age spots, and other skin discolorations), vascular lesions (veins), acne, wrinkles, scars, and/or tattoo removal. I understand that the procedure is purely elective, that results vary with each individual, and that multiple treatments may be necessary.

SIDE EFFECTS & RISKS

Common side effects include temporary redness, swelling, and a mild sunburn-like sensation that may last from a few hours to 3–4 days, and longer in rare instances. Other potential risks include, but are not limited to, bleeding, blistering, crusting, irritation, itching, pain, bruising, burns, poor healing, infection, scabbing, scarring, and failure to achieve the desired result. There is also a risk of an unsatisfactory appearance.

Rare but serious complications may include burns or blisters that lead to permanent scarring (including raised or keloid scars), skin loss, infection, flare-ups of cold sores (herpes simplex) or acne, eye injury if protective eyewear is not worn, paradoxical hair growth (laser hair removal stimulating new hair growth in or near the treated area), and allergic reaction to products used during the procedure.

Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), may last 1–6 months or longer and may be permanent. Freckles may temporarily or permanently disappear in treated areas. There is also a possibility of unintended hair removal when treating pigmented or vascular lesions or acne in hair-bearing areas.

BEFORE TREATMENT

I understand I should not have this treatment, and I must tell Marcella before treatment, if any of the following apply to me:

- I am allergic to latex or topical anesthetics (numbing creams).
- I have used exfoliating creams, retinoids (such as Retin-A), or self-tanning products in the last 2 weeks.
- I have had increased sun exposure or tanning in the last 4 weeks.
- I have had a Botox treatment in the last 2 weeks.
- I have taken isotretinoin (Accutane) in the last 6 months.
- I am taking any medication that increases sensitivity to light (certain antibiotics, acne or other medications).
- I am pregnant or breastfeeding.
- I have an active infection, open wound, or rash in the treatment area, or a history of keloid scarring.
- I have a seizure disorder triggered by light.

If I have been diagnosed with Herpes Simplex I or II and/or Polycystic Ovarian Syndrome (PCOS), I should consult my primary care physician before receiving light-based treatments. I have provided a complete and accurate health history, including all medications and supplements, and I will report any changes before each future treatment. I understand that if I proceed with treatment despite any of the above, I am placing myself at risk for complications and/or limiting the success of the treatment.

TOPICAL NUMBING

A topical numbing cream may be applied before treatment for comfort, and all options will be discussed with me first. There is a potential risk of allergic reaction to coupling gels, lotions, or numbing creams applied to the skin, which may include temporary swelling, itching, and rash.

RESULTS

I understand there are no guarantees that the expected or anticipated results will be achieved, and I will not receive a refund if I am dissatisfied with the outcome of this treatment.

ABOUT THE TREATMENT

The laser and IPL systems used at SkinCare by Marcella deliver a precise pulse of light energy that is absorbed by a target (chromophore) in the skin, such as the pigment in hair, causing a thermal reaction. Everyone in the treatment room, including me, will wear protective eyewear to

prevent eye damage from this intense light energy. I will not remove my protective eyewear until Marcella advises me to do so.

The sensation of the light is sometimes uncomfortable and may feel like a moderate to severe pinprick and/or flash of heat.

I understand that any follow-up visits or additional treatments should be scheduled with Marcella as directed. I agree to contact the practice promptly at 602-758-6438 if I experience blistering, signs of infection, or any unexpected reaction.

PHOTOGRAPHS

I consent to photographs being taken for my confidential treatment record to evaluate treatment effectiveness. Photographs revealing my identity will never be used publicly without my separate written consent. Regarding photographs that do not reveal my identity, please initial one:

_____ I DO consent to de-identified photographs being used for education, training, professional publications, social media, and marketing.

_____ I DO NOT consent to any use of my photographs outside my treatment record.

ACKNOWLEDGMENT & CONSENT

Before and after treatment instructions have been discussed with me. I have received a copy of my after-care instructions and understand it is my responsibility to follow these instructions as written to reduce the risk of post-treatment complications. I understand that I may withdraw this consent and stop treatment at any time.

I have read and understand all information presented to me regarding laser/light-based treatment. The procedure, potential benefits, risks, complications, and alternative treatment options have been explained to my satisfaction. All of my questions have been answered, and I wish to proceed with this elective treatment. I agree to hold Marcella Zinn and SkinCare by Marcella LLC harmless if my expectations are not met.

Patient signature

Date

Laser Technician: Marcella Zinn

Date