



**IPL (PHOTO FACIAL REJUVENATION) INFO.
AND CONSENT**

IPL (photo facial rejuvenation) is an exciting procedure designed to address many changes that occur as a result of natural aging and somewhat induced photo aging. Aging and photo aging are processes that occur in the skin during which time various changes take place including the development of pigmented areas of a blotchy nature, redness of the face secondary to sunlight, acne rosacea and other environmental effects and the occurrence of multiple fine to course dilated blood vessels known as telangiectasias. Similar changes primarily due to the sun may be seen on the neck and chest of individuals. In most cases the primary signs of photo aging noted on the hands are the developments of multiple pigmented brown spots known as lentigos.

IPL photo facial involves the use of a very high-powered short-pulsed, multi wavelength light source, which can lighten pigmented areas, alleviate facial redness, and shrink dilated blood vessels. Photo facial treatments are performed by our trained laser nurses and involve a series of treatments scheduled every 3-4 weeks. The procedure itself lasts from 20 minutes up to 1 hour depending on the extent of the areas treated at each session.

After the procedure the area appears pink in a uniform or blotchy manner and patients may experience a mild to moderate "sunburn" feeling lasting from 2-24 hours. Cool compresses may be applied. Makeup may be worn after the procedure in order to lessen the pinkness (erythema) noted. On occasion patients may notice a slight bruising at one or more sites lasting 7-10 days. Brown spots will darken and become flaky before exfoliation. This usually can be covered using light makeup. Although patients may notice a significant improvement after one treatment, most note a gradual improvement over the weeks during which treatment sessions are scheduled.

Although every attempt will be made to provide you a pleasing cosmetic result we cannot specifically guarantee results in every individual. I have received a copy of the IPL pre/post instructions and agree to comply. I consent to the IPL treatment and understand all risks and benefits.

If you have further questions please do not hesitate to ask our physicians or nurses. **301-695-8346**

Patient Name

Date

Patient Signature

Date