



LASER CONSENT FORM – Ellipse I2PL

Intense pulsed light treatment is one method of treating sun-damaged skin (benign pigment damage and diffuse redness). Treatments using the Ellipse I2PL system will not cure any medical conditions causing pigmented or vascular lesions, nor provide immunity against reoccurrence.

The purpose of the treatment is to achieve cosmetic improvement by removing diffuse redness and accumulated pigment using intense pulsed light to target hemoglobin in the fine vessels that appear as diffuse redness and to target stored melanin that appears as pigmented marks.

I hereby authorized Dr. Beals, and any other associates or assistants selected by him, to treat me using the Ellipse I2PL system for the reduction of sun damage in the skin. I understand that the treatment may not be 100% effective and that multiple treatments may be necessary.

Dr. Beals, has informed me about alternative treatment possibilities and I understand that other forms of treatments, or no treatment at all, are choices that I have. Dr. Beals has explained to me that there are certain risks in any procedure and that in this specific instance such risks include, but are not limited to the following:

1. Post treatment discomfort, such as redness, erythema and edema which may last up to 10 days.
2. Although uncommon, treatment with intense pulsed light may cause blisters or light burns to the epidermis.
3. Transient hyper or hypopigmentation may occur and will normally fade in 3 to 6 months.

I agree to follow Dr. Beals post-treatment recommendations in order to ensure the best possible results. I understand that exposure to the sun and excessive heat must be avoided for 3 to 6 months after the treatment and a sun block of SPF 30 with zinc oxide or greater must be used on the exposed skin areas. Otherwise it is possible that blotchy skin pigmentation, hyper – or hypopigmentation might occur.

I agree to cooperate with the recommendations of Dr. Beals while I am under his care, realizing that any lack of cooperation could result in less than optimum results.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSNT TO THE PROCEDURE AND TO THE EXPLANATIONS REFERRED TO, OR MADE. I HAVE HAD THE OPPORTUNITY TO ASK DR. BEALS ANY QUESTIONS REGARDING THE PROPOSED TREATMENT. I ALSO CERTIFY THAT I READ AND WRITE ENGLISH.

Date _____ Signature of Client _____ Signature of Physician _____