Lynton Laser & IPL Consent Form

The information I have given is correct to the best of my knowledge, and I have not withheld any known medical state or condition. I will inform the IPL/Laser operator before treatment if there has been any change (for example in medications taken).

I understand that the results from this treatment vary considerably and a small percentage of people will not respond satisfactorily to treatment.

I understand multiple treatments are necessary to achieve satisfactory results.

I understand there is no guarantee of permanent results and maintenance treatments may be necessary.

I understand that I must avoid sun exposure on the treated area for the duration of the treatment (and for up to 1 month afterwards) or use a high sun protection factor to avoid sun damage. I understand that tanned skin cannot be treated.

I understand that there may be short-term side effects such as reddening, bruising, swelling, mild burning or blistering, hypo-pigmentation, (lightening of the skin) or hyper-pigmentation, (darkening of the skin), as well as rare side effects such as scarring and permanent discolouration.

I understand that pigmented areas caused by sun damage may initially turn darker. This will be followed by 'micro- crusting' of the lesion, after which it should flake away leaving an area without excess pigmentation.

I understand that I must wear protective eye goggles to prevent damage from the light.

I certify that I have read and understood all the information and my questions have been answered satisfactorily before signing this consent form. I consent to the terms of this agreement.

Signed: