

NORDLYS/ELLIPSE LIGHT + BRIGHT INFORMED CONSENT

This is an informed consent document which has been prepared to help your Medical Aesthetician inform you concerning the Nordlys/Ellipse Treatment, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Aesthetician and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Aesthetician _____ to perform the following procedure(s): **IPL and Frax.**

TREATMENT SITES

I understand that the Nordlys/Ellipse is a device used for hair removal, skin rejuvenation, acne scarring, hyperpigmentation, wrinkle reduction, skin resurfacing, and vascular lesion treatments, of which I am consenting to be a patient receiving Light + Bright treatment. More than one session may be necessary to achieve desired results.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre and post treatment instructions, and individual response to treatment.

We are unable to treat clients that are on ACCUTANE and PHOTSENSITIZING medications. Clients using ANTICOAGULANTS should be noted.

For laser skin services, skin treated may be red and swollen with fine thin scabs forming. Keep in compliance with aftercare instructions for best results. The healing process can take anywhere from 1-3 weeks. It could take as long as 3-6 months in some rarer cases.

I understand that the Frax 1550 is a handpiece used for soft tissue coagulation and non-ablative skin resurfacing by targeting water in the skin and creating a thermal response in the dermis that stimulates new collagen and I am consenting to be a patient receiving Light + Bright treatment. I understand that this handpiece will not prevent me from developing or re-developing wrinkles and although this handpiece is effective in most cases, no guarantees can be made. I understand that I may not experience complete clearance and that it may take multiple treatments. I understand that some conditions may not respond at all and in rare cases may become worse.

I understand that the Ellipse IPL is a technology used for treatment of vascular and/or pigmented lesions, removal of or lightening the appearance of facial redness including rosacea, port wine stains, hemangiomas, angioma, spider angioma, Poikiloderma of Civatte and/or benign cutaneous lesions, and/or permanent reduction of unwanted hair by using a narrowband (645-950nm) optical technology. I understand the procedure involves careful selection of wavelengths and pulse durations to effectively target and destroy the pigment, vessel or hair while minimizing absorption by surrounding skin structures and I am consenting to be a patient receiving Light + Bright. I understand that this handpiece will not prevent me from developing or re-developing vascular and/or pigmented lesions and/or unwanted hair and although this handpiece is effective in most cases, no guarantees can be made. I understand that I may not experience complete clearance and that it may take multiple treatments. I understand that some conditions may not respond at all and in rare cases may become worse.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

I understand that there is a possibility of short-term effects such as:

CONTRAINDICATIONS, RISKS, SIDE EFFECTS AND COMPLICATIONS

1. **ALTERNATIVE TREATMENTS** – Alternative forms of treatment include not undergoing the proposed laser procedure. Other forms of skin treatments such as other laser and light based treatments, sclerotherapy, topicals and skin care, chemical peels and surgery may be substituted. In certain situations, the optical technology may offer a specific therapeutic advantage over other forms of treatment. Risks and potential complications are associated with alternative forms of treatment that involve vascular and benign pigmented lesion removal.
2. **PAIN & DISCOMFORT** – The level of pain and discomfort varies with a person's tolerance, and both may be experienced during treatment.
3. **BURNS** – Optical technology and laser energy can produce burns. Adjacent structures including the eyes may be injured or permanently damaged by the optical energy. Burns are rare, yet represent the effect of heat produced within the tissues by laser energy. Additional treatment may be necessary to treat optical and general technology burns.
4. **REDNESS & SWELLING** – Short term redness (erythema) or swelling (edema) of the treated area is common and may occur. An urticarial (hive-like) reaction may occur as well.
5. **PURPURA/BRUISING** – Purpura (bruising) may occur and is a transient phenomenon that usually resolves with time.
6. **HEMOSIDERIN STAINING** – (Iron leaking into tissue from blood breakdown) may occur and usually resolves over time, but it may be permanent.
7. **SKIN SENSITIVITY** – Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur. This typically resolves during the healing process, but in rare situations it may be chronic.
8. **WOUND HEALING** – Treatment can result in burning, blistering, or bleeding of the treated areas resulting in a wound. If this occurs, please contact Body+Beauty Lab.
9. **INFECTION** – Infection is a possibility whenever the skin surface is disrupted, though proper wound care should prevent this. If signs of an infection develop, such as pain, heat or surrounding redness, please contact Body+Beauty Lab. Herpes simplex virus infections (cold sores) around the mouth can occur/reoccur following a laser treatment. This applies to both individuals with a history of Herpes simplex virus infections and individuals with no known history of Herpes simplex virus infections in the mouth area. If you had cold sores in the past, please let your provider know as specific medications can be prescribed and taken both prior to and following the procedure to suppress an infection from this virus.
10. **BLEEDING** – It is possible, though unusual to experience bleeding or pinpoint bleeding during or after treatment. Should any post-treatment pinpoint bleeding or bleeding occur, please contact Body+Beauty Lab immediately. Products and medications such as aspirin, anti-inflammatories and blood thinners can increase the risk of bleeding. Nonprescription herbs and dietary supplements can also increase the risk of bleeding. It is sometimes advised or recommended that you avoid taking any blood thinners seven to fourteen days prior to and/or after your treatment. Speak to your medical provider before stopping any medications.

11. PIGMENT CHANGES (Skin color) – There is a possibility that the treated area can become either hypopigmented (lighter or white) or hyperpigmented (darker) in color compared to the surrounding skin. This is usually temporary but can be permanent.
12. ACCUTANE (Isotretinoin) – Accutane is a prescription medication used to treat certain skin diseases. If you have ever taken Accutane, you should discuss this with your treatment provider. This drug may impair the ability of skin to heal following treatments for a variable amount of time even after the patient has ceased taking it. Individuals who have taken this drug are advised to allow their skin adequate time to recover from Accutane before undergoing skin treatment procedures.
13. FIRE – Inflammable agents, surgical drapes and tubing, hair, and clothing may be ignited by laser energy. Laser energy used in the presence of supplemental oxygen increases the potential hazard of fire. Some anesthetic gases may support combustion.
14. EPIDERMAL CRUSTING – During the healing phase for the Frax, small pin-point crusts may appear in place of each coagulated spot where the laser contacted the skin. For the IPL, pigmented lesions may crust or scab as part of the healing process. It is important not to pick or disturb the crusts as they heal. They may require medical attention if sensitivity or redness occurs. Crusts will typically slough off 1-3 weeks after treatment.
15. LASER SMOKE (Plume) – Laser smoke is noxious to those who come in contact with it. This smoke may represent a possible biohazard.
16. SKIN TISSUE PATHOLOGY – Laser energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may not be possible.
17. VISIBLE SKIN PATTERNS – the Frax may produce visible patterns within the skin. The occurrence of this is not predictable.
18. DAMAGED SKIN - Skin that has been previously treated with chemical peels or dermabrasion, or damaged by burns, electrolysis (hair removal treatments), or radiation therapy may heal abnormally or slowly following treatment by lasers. The occurrence of this is not predictable. Additional treatment may be necessary. If you have ever had such treatments, you should inform your treatment provider.
19. SCARRING – Scarring is a rare occurrence, but it is a possibility whenever the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
20. TEXTURAL CHANGES/CUTANEOUS INDENTATIONS – Textural and/or skin changes may occur because of treatment.
21. UNDESIRABLE HAIR REDUCTION – Hair reduction may occur at treatment sites. This is typically temporary but can be permanent.
22. ALLERGIC REACTIONS – In some cases, local allergies to products used during or after treatment such as adhesive, numbing agents, topical preparations and topical post-care have been reported. Systemic reactions which are more serious may occur to drugs used during the procedure. Allergic reactions may require additional treatment.
23. EYE EXPOSURE – Eye injury is possible from laser procedures. Protective eyewear (shields or goggles) will be provided. It is important to keep these on always during the treatment to protect your eyes from injury.

24. SUN EXPOSURE/ TANNING BEDS/ ARTIFICIAL TANNING – May increase risk of side effects and adverse events. It has been advised that you discontinue and avoid UV exposure and artificial tanning before, during, and after your treatment and recommended that you discontinue this practice all together as the effects of the sun are damaging to the skin. A broad spectrum (UVA/UVB) sunscreen should be used to prevent further pigmentation. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their treatment provider and either delay their treatment or avoid UV exposure until your provider says it is safe to resume. The damaging effects of UV exposure occurs even with the use of sunscreen or clothing coverage.
25. TREATMENTS – The number of treatments vary but multiple treatments are always required. The number of treatments needed to improve and reduce your wrinkling is unknown. The number of treatments needed to clear your vascular and/or pigmented lesions and/or permanent reduction of unwanted hair is unknown.
26. LACK OF PERMANENT RESULTS – Nordlys/Ellipse IPL and Frax treatments or other skin treatments may not completely improve or prevent future skin lesions, future skin disorders, or wrinkles. No technique can reverse the signs of skin aging. Additional Frax procedures may be necessary to further improve wrinkling. You may be required to continue with a skin care maintenance program after a Nordlys/Ellipse IPL and Frax procedure.
27. OTHER – You may be disappointed with the results of the Nordlys/Ellipse IPL and Frax. It may be necessary to perform additional Nordlys/Ellipse IPL and Frax to improve your results.
28. UNKNOWN RISKS – There is the possibility that additional risk factors of Nordlys/Ellipse IPL and Frax treatments may be discovered.

ADDITIONAL ADVISORIES

- TRAVEL PLANS – Any treatment holds the risk of complications that may delay healing and delay your return to normal life. Please let the treatment provider know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of your treatment can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.
- SKIN CANCER/SKIN DISORDERS – Nordlys/Ellipse IPL and Frax 1550 and skin treatment procedures do not offer protection against developing skin cancer or skin disorders in the future.
- BODY PIERCINGS – Individuals who currently wear body-piercing jewelry in the treated region are advised that an infection could develop from this activity.
- MENTAL HEALTH DISORDERS AND ELECTIVE PROCEDURES – It is important that all patients seeking to undergo elective treatments have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional treatments, and can be stressful. Please openly discuss with your treatment provider, prior to the treatment, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective procedures, effects on mental health cannot be accurately predicted.
- PATIENT COMPLIANCE – Follow all pre-and post-instructions carefully; this is essential for the success of your outcome. Post-treatment instructions concerning appropriate restriction of activity, use of post-treatment care and use of sun protection must be followed to avoid potential complications, increased pain, and unsatisfactory results. Your treatment provider

may recommend that you utilize a long-term skin care and/or post care program to enhance healing and results following a Nordlys/Ellipse IPL and Frax treatment. Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival.

CONSENT

I understand that treatment with Nordlys/Ellipse IPL and Frax involves a series of treatments and the fee structure has been fully explained to me.

(client's initials) _____

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible risks and complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. Standards of care are determined based on all facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the Nordlys/Ellipse IPL and Frax and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks and consequences and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Aesthetician and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for a Nordlys/Ellipse IPL and Frax Treatment today as well as future treatments as needed.

Client Signature _____ Date _____

Service Provider Signature _____ Date _____