



AFFILIATED TROY DERMATOLOGISTS

Traci Kimbrough, MD/Snehal Desai, MD
4600 Investment Drive Suite 150/260
Troy, MI 48098
P: 248-267-5020
F: 248-267-5021

Consent form

IPL/BBL/ BBL Hero treatments

Initials

I authorize _____ to perform IPL/BBL/ BBL HERO treatments on me to improve:
Dyschromia / Hyperpigmentation / PWS / Hemangioma / Angioma /venous lake/ Rosacea / Telangiectasia
(face, body) / Acne Other: _____

- I understand that there is a rare possibility of side effects or serious complications including permanent discoloration and scarring. I am aware that careful adherence to all advised instructions will help reduce this possibility. _____
- I understand the below list of short-term effects and agree to follow matching guidelines: _____
- Flaking of pigmented lesions crusts may take 5 to 10 days to disappear, and it is important not to manipulate or pick which may otherwise lead to scarring.
- Discomfort during the procedure, I might experience a sensation like a rubber band snap which degree will vary per my skin condition and area sensitivity but that does not last long.
- A mild "sunburn" sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams.
- Reddening and swelling severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with the application of cooling and/or anti-inflammatory creams.
- Bruising may rarely occur and may last up to 2 weeks.
- I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and may increase the chance for complications. _____

The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered. _____

Pre- and post-care instructions have been discussed and are completely clear to me. _____

- I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required. _____



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- I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record. _____
- I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity _____
- I agree to review the following IPL/BBL/BBL Hero™ pre-treatment compliance checklist along with my Physician and bring accurate and updated data, to the best of my knowledge. _____

HR PL SR VL			
	Natural or artificial sun exposure in the past 3-4 weeks pre-op or the following 3-4 weeks post-op plan	NO	YES
	Use of self-tanners or tan enhancer caps within the past 3-4 weeks pre-op plan	NO	YES
	Photosensitive herbal preparations (St John's Wort, Ginkgo Biloba, etc...) or aromatherapy (essential oils)	NO	YES:
	Diseases which may be stimulated by light at 400 nm to 1200 nm, such as history of Systemic Lupus Erythematosus or Porphyrria	NO	YES:
	Pregnant or possibility of pregnancy, postpartum or nursing	NO	YES
	Inflammatory skin conditions (dermatitis, etc...)	NO	YES:
	Presence or history of active cold sores or herpes simplex virus	NO	YES
	HIV	NO	YES
	Active cancer (currently on chemotherapy or radiation)	NO	YES
	Previous skin cancer?	NO	YES
	Medical history of keloids	NO	YES
	Intake of isotretinoin within the past year	NO	YES
	Medical history of Koebner zing isomorphic diseases (vitiligo, psoriasis)	NO	YES:
	Any known allergies?	NO	YES:
Any tattoo and/or pigmented lesion on requested treatment area that should be protected?	NO	YES	

	List of additional current medication taken		
HR	Hormonal or endocrine disorders (PCOS or uncontrolled diabetes?)	NO	YES:
	Previous hair removal procedures on requested treatment area (other than IPL/laser, wax, electrolysis, etc...)	NO	YES: what/when?
PL SR VL	Any observed modification (color, size, texture and border) on the lesion to be treated?	NO	YES:
	Any hair on requested treatment area that should not be removed?	NO	YES
	Age of lesion onset?		
PL SR	Previous skin procedures on requested treatment area (Botox, fillers, peels, etc...)	NO	YES: what/when?
SR VL	Intake of aspirin or anti-coagulants?	NO	YES:
	Easy bruising?	NO	YES

My signature certifies that I have duly read and understood the content of this informed consent form and gave accurate information as to my health condition.

I hereby freely _____ consent to IPL/BBI/BBI Hero skin treatments.

Name of patient (please print) Signature of patient Date

Name of witness (please print) Signature of witness Date