



Consent For BBL (IPL) Photofacial/Skin Tightening Treatment

_____ Existing conditions including pregnancy, breastfeeding, open wounds, scleroderma, collagen vascular diseases, cardiac abnormalities, blood clotting problems, active bacterial or fungal infections, immune-suppression, areas that have had injectables within the last 2 weeks, epilepsy, seizure, diabetes, chemo, radiation therapy, pacemaker, internal defibrillator, internal metal devices, HIV, AIDS, multiple sclerosis, lupus, sarcoidosis, moles or lesions on the treatment area, history of skin cancer and some forms of psoriasis will all prevent treatment. I will advise the medical esthetician before treatment if I have any of the above conditions, and will notify the medical esthetician if I develop any of these conditions throughout my treatments. I understand and accept that Setty Plastics and Aesthetics will not be responsible if I fail to give this important information. I understand and accept that risk.

_____ Existing conditions, such as herpes, acne, eczema, folliculitis, and hidradenitis may flare up after an BBL treatment, this may be minimized by beginning prophylactic or the appropriate treatment for the existing condition a few days before each appointment. I will advise the medical esthetician before treatment if I have any skin conditions, and will notify the medical esthetician if I develop any of these conditions throughout my treatments. I understand and accept that Setty Plastics and Aesthetics will not be responsible if I fail to give this important information. I understand and accept that risk.

_____ I have been informed that sun exposure over 30 minutes long within 2 weeks prior to treatment, tanning beds within 2 weeks of treatment and self tanner on my skin will create a risk of a burn on BBL. I have not had sun exposure over 30 minutes long within 2 weeks prior to treatment, tanning beds within 2 weeks of treatment and self tanner on my skin. I understand and accept that Setty Plastics and Aesthetics will not be responsible if I fail to give this important information. I understand and accept that risk.

_____ I have been informed that photosensitive medications will create a risk of a burn on BBL. I have not taken Accutane in the past 6 months or any other photosensitive medication within the last 2 weeks. I understand and accept that Setty Plastics and Aesthetics will not be responsible if I fail to give this important information. I understand and accept that risk.

_____ I have been informed of possible side effects including scarring, discoloration (lightening or darkening of the skin), bruising or blistering. **If any of these should occur you must contact our office immediately so that we can evaluate and document the occurrence.** Hair loss may occur in the treated area. Short term side effects following BBL/Photofacial are reddening, mild tingling, bruising, blistering or swelling. While most adverse reactions are rare and most can be avoided by following the Pre and Post treatment instructions, there is a risk that some conditions could be permanent. I understand and accept that risk.

_____ I understand that all skin reacts to treatments in some manner, and agree that I will notify the Manager as soon as possible if I experience a reaction that does not resolve within several hours or becomes progressively worse after leaving. I agree to follow all care instructions given by Setty Plastics and Aesthetics and understand that I will achieve optimal healing by following all post care instructions.

_____ I understand there is a possibility of infection whenever the skin surface is disrupted, although following the post care instructions and using the required post care products will greatly reduce or prevent the possibility of infection. If signs of infection develop, such as pain, heat, or surrounding redness, please call our office. I understand and accept that risk.

_____ Unprotected eyes could suffer damage or blindness during BBL/Photofacial treatment. Protective eyewear will be provided and must remain on during the entire treatment to protect the eyes from accidental exposure. I understand and accept this risk.



_____ Lasers can damage tattoos and permanent cosmetics therefore we will not laser directly or within 18mm of a tattoo or permanent cosmetics. I understand there is the possibility of accidental injury to the skin or damage to the tattoo when lasering around a tattoo. I accept this risk and agree to inform Setty Plastics and Aesthetics of any tattoos and permanent cosmetics.

_____ I have been instructed to avoid direct or indirect sun exposure at least 2 weeks prior to each treatment and I agree to notify the technician if I have had any prior sun exposure and agree to protect the area to be treated daily with sunscreen with an SPF 30 or greater. I understand and accept the risk of a reaction if I fail to give this important information.

_____ I consent to the use of photographs for recordkeeping purposes; these photographs may be taken before, during and after my treatments.

_____ I consent to the use of these photographs for providing information to other clients and to the public about my treatment. They may be shown during client consultations, as well as public promotional lectures and demonstrations, and may be reproduced in educational, instructional and promotional literature and on the Setty Plastics and Aesthetics website. My identity will not be compromised.

_____ I understand that a physician will be available for evaluation and follow up issues. Determination for an appointment with a physician will be made in consultation with management and myself.

_____ I have been given the PRE and POST treatment instructions sheet and will follow these instructions. I will inform the medical esthetician if I have not been able to follow these instructions.

_____ I have read and understand all the information presented to me before signing this consent. I understand the risks of side effects, despite proper treatment, exist in all cases, but can be greatly reduced by following the pre and post treatment instructions given to me. I understand the purpose of the procedures. I further understand that treatment results will vary between individuals and treated areas. I understand that there are many variables that may affect my treatments and that I have been made no promises of any results.

BBL (IPL) PHOTOFACIAL/SKIN TIGHTENING PRE & POST-TREATMENT INSTRUCTIONS

FOLLOWING CONDITIONS WILL PROHIBIT TREATMENT FOR BBL & SKINTYTE:

Pregnancy, breastfeeding, open wounds, scleroderma, collagen vascular diseases, cardiac abnormalities, blood clotting problems, active bacterial or fungal infections, immune-suppression, areas that have had injectables within the last 2 weeks, epilepsy, seizure, diabetes, chemo, radiation therapy, pacemaker, internal defibrillator, internal metal devices, HIV, AIDS, multiple sclerosis, lupus, sarcoidosis, moles or lesions on the treatment area, history of skin cancer and some forms of psoriasis will all prevent treatment.

For those prone to facial outbreaks such as herpes, medication must be taken 48 hours prior to treatment.

Numbing cream may be applied 15-20 minutes prior to treatment.



BBL (IPL) PHOTOFACIAL POST-TREATMENT INSTRUCTIONS

AVOID SWEAT, HEAT AND SUN EXPOSURE FOR THE FIRST 72 HOURS AFTER TREATMENT. DO NOT PICK OR SCRATCH THE TREATMENT AREA(S). NO EXFOLIATION OF FACIAL TREATMENT AREA(S) FOR 1 WEEK POST PROCEDURE AND 2 WEEKS POST PROCEDURE FOR BODY PARTS.

It is normal for skin to be dry for 10-14 days post procedure. Using the following product protocol will help to heal properly and restore the skin's moisture. Previous hyperpigmentation will darken further following treatment and will likely flake.

DAY OF TREATMENT AND AS NEEDED FOR UP TO 7 DAYS FOLLOWING TREATMENT – Apply Avene Thermal Spring Water Gel, Avene Thermal Spring Water and Cicalfate Restorative Skin Cream as needed.

EVENING OF TREATMENT: Gently cleanse face with Tolerance Extreme Cleansing Lotion and apply Tolerance Extreme Cream.

DAY AFTER TREATMENT THROUGH COMPLETION OF BBL TREATMENT SERIES:

MORNING: Gently cleanse face with Tolerance Extreme Cleansing Lotion, apply Mineral Ultra-Light Hydrating Sunscreen SFP 50+.

EVENING: Gently cleanse face with Tolerance Extreme Cleansing Lotion and apply Tolerance Extreme Cream.