

Broad Band Light (BBL™) Treatments Informed Consent

BBL Fotofacial, BBL Forever Young, BBL treatment for Scars and/or Vascular Reduction, BBL Forever Clear for Acne and BBL SkinTyte.

Many/most conditions for which BBL™ are useful need a series of treatments to reach the desired or optimal improvement, from one to six or more. Some lesions/conditions lighten/improve, but do not completely disappear. Other lesions/conditions may respond minimally or not at all to this treatment. After an initial treatment series, periodic maintenance treatments are recommended for many/most conditions. Although BBL™ is effective in most cases, no guarantees can be made that a specific patient will benefit from treatment.

- BBL™ Laser information, pre/post-care instructions and expectations have been provided and explained to me.
- Potential risks/complications/side effects of BBL™ Laser treatment of the skin (which occur infrequently): Allergic reactions, swelling, itching, pain/discomfort, temporary pigment change, bleeding, burns, scarring, bruising (treatment of vascular lesions) hyperpigmentation, hypopigmentation, permanent hair reduction and lack of permanent results or unsatisfactory results.
- Post treatment sun exposure can cause temporary darkening of the treated area(s) called post-inflammatory hyperpigmentation; therefore, sun avoidance per our recommendations must be followed. Failure to follow instructions may promote above risks and the need for additional treatments or surgery. Follow all laser care instructions to minimize risk of having adverse effects. Although improvement is expected, there is no guarantee or warranty expressed or implied with respect to the results that may be obtained.
- Financial Responsibilities: This procedure is elective and not medically necessary and therefore, not covered by insurance. Any complications requiring additional medical care and/or treatment or revisionary procedures would be your responsibility also.
- Informed consent documents are not all inclusive in defining all risks and alternatives, as specific patient situations may vary.*

Photographs

Photographs may be taken before and after treatments in order to monitor progression.

___ I consent to the usage of such photographs provided the pictures do not reveal my identity.

I acknowledge that I have read and understand the information and instructions of a BBL™ Treatment. I feel I have been adequately informed of the risks of BBL™ therapy as well as alternate methods of treatment. All of my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement. With this in mind, I hereby consent to BBL™ Treatment, performed by Carin Gustavson at The Aesthetic Center.

 Signature of Patient Date: _____

 Signature of Patients Parent/Legal Guardian, if Patient is Under 18 Date: _____

 The Aesthetic Center Witness Date: _____

***DISCLAIMER**

Informed consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatments. The informed consent process attempts to define principals of risk disclosure that should generally meet the needs of most patients in most circumstances. However informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing this consent.