



## IPL Skin Rejuvenation Consent Form

**Patient name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**I duly authorize Junto Skin & Laser under the medical supervision of Theresa Dowell, FNP to perform the Harmony Skin Rejuvenation procedure and any other measures which in their opinion may be necessary.**

*Please Initial each statement:*

I understand that the Harmony is a device used for skin rejuvenation and that clinical results may vary in different skin types. I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me

Clinical results may vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment. Before and After photos are taken for in clinic evaluation purposes. Without specific consent, these photos will not be used for any other purpose.

I understand that treatment by the Harmony Skin Rejuvenation system involves a series of treatments and the fee structure has been fully explained to me

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible 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.

I confirm that I am not pregnant at this time, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator.

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 do \_\_\_ or do not \_\_\_ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information. I am aware that I may or may not be identified by the photos.

**I understand that IPL Skin Rejuvenation is indicated for overall improvement in skin health, texture, pigment & vascularity. Each treatment is individual to the recipient and may include different sensations and/or results with each session. I understand the post care instructions provided and that I must adhere to them to avoid adverse effects from treatment. I understand that best results occur in conjunction with proper homecare and regular visits.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

