



skin body soul

LAKE MEDICAL SPA – CONSENT FORM PHOTOFACIAL

I understand that the Sciton Profile BBL Photofacial treatment is intended for benign vascular and pigmented lesions, and that clinical results may vary in different skin types. I understand that there is a possibility of rare side effects such as scarring and permanent discoloration as well as short term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin. These effects have all been fully explained to me. _____
(Please initial)

Based on the experience of other physicians we have found that those people, who tend to sunburn rather than tan, usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all. _____
(Please initial)

I understand that the treatment by the Sciton Profile BBL system involves payment, and the fee structure has been fully explained to me. _____
(Please initial)

I also understand that there are other options for treatment that are available and each of these other options has been fully explained to me. _____(Please initial)

With this in mind, I am choosing to try the Sciton Profile BBL non-invasive treatment for vascular and pigmented lesions. _____ (Please initial)

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.

Patients Name _____

Signature _____

Date _____

Witness _____