

Photofacial/IPL Consent

Intense pulsed light or IPL is one of the best methods to treat sun damage, freckles, age spots, and diffuse redness associated with rosacea. It can also be used for skin rejuvenation by stimulating collagen neogenesis. The purpose of the treatment is to achieve cosmetic improvement by removing accumulated pigment, vascular lesions and facial tone. A single treatment will not remove all the pigment areas of concern. To achieve optimal results, we recommend a series of 2-6 treatments, spaced approximately 3 weeks apart and a maintenance treatment every 6 months. For facial rejuvenation we recommend 2-3 treatments every 3 weeks.

Following treatment you may experience common short term effects:

- Pink to red skin color
- A mild sunburn feeling
- Mild to moderate swelling
- Bruising or purpura

You may apply makeup following treatment. Possible risks are rare but may include blistering, crusting, infection, permanent skin discoloration and scarring.

Prior to treatment:

- Avoid sun tanning for 4 weeks
- Avoid spray tanning for 2 weeks
- Avoid chemical peels for 1-2 weeks
- Avoid other laser treatments for 4 weeks
- Avoid medications that increase sun/light sensitivity and/or cause bruising (Aspirin, Ibuprofen, antibiotics, anti-cancer drugs)

Post treatment:

- Avoid tanning for a minimum of 3 weeks as this may cause pigmentation to the treated area
- Avoid microdermabrasion and chemical peels for 2 weeks
- Avoid other laser treatments for a minimum of 4 weeks
- WEAR A SUN BLOCK, containing zinc and titanium, with a minimum SPF 30 such as Skinceuticals 50 Fusion

Contraindications to IPL:

- Pregnancy
- Medications, that cause photosensitivity
- Anticoagulants
- Recent tanning
- Diseases that increase sensitivity to light (lupus)

Dr. Peter Bray – Certified Plastic Surgeon, MD, MSc, FRCS (C)
Phone: (416) 323-1330 | Fax: (416) 323 – 9397 | info@drbrayplasticsurgery.com | www.drbray.ca
66 Avenue Rd., Upper level, Toronto, ON M5R 3N8

 @drbrayplasticsurgery

- Very dark skin types
- Accutane within the last year

I have read the above information and acknowledge the terms of this agreement. Before and after instructions have been discussed with me, as well as potential benefits, common side effects and rare risks. Gauze or goggles will be provided for eye protection against the bright flash, but I understand that I should also keep my eyes closed during the procedure. I understand this is an elective procedure and results vary with each individual. I have been forthright with my health history to the best of my knowledge. I am aware that photographs will be taken solely for the purpose of use between the healthcare provider and myself.

Patient Signature: _____ Date: _____

Healthcare Provider: _____ Date: _____