



Broad Band (BBL) Informed Consent

Please Read and Sign

I understand that Broad Band Light (BBL) is intended to treat a variety of conditions and that results may vary in different skin types. I understand that there is a possibility of rare short-term and long-term side effects, which may include but are not limited to the following.

1. BBL can create a bruising and a moderate "peppering" of the skin.
2. Although infection following pulsed light treatment is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a laser treatment. Should any type of skin infection occur, additional treatment including antibiotics might be necessary. If you have a history of herpes simplex virus in the treated area we recommend preventative therapy.
3. Energy directed at skin lesions may potentially vaporize the lesion. Only clearly benign pigmented lesions can be treated. Consult your doctor for a clearance for the treatment.
4. In rare cases, local allergies to tape and preservatives used in cosmetics or topical preparations have been reported. Systemic allergic reactions (which are more serious) may result from prescription medicines and may require additional treatment.

People who tend to sunburn rather than tan usually obtain good results on the first and subsequent treatments. On the other hand, those who tan more easily tend to have more variation in the response to treatment. Some patients will observe excellent results, some will experience partial results, and some will experience no improvement. Multiple treatments ARE required for optimal therapy.

By signing this consent, I am authorizing my aesthetician to perform Intense Broad Band Light treatment. I agree that I have been adequately informed of risks, benefits, and alternative treatments. In addition, post care treatment recommendations have been provided to me and explained. I understand that I must follow these post care recommendations to achieve optimal results.

Print Name _____ Date of Birth ____/____/____

Signature _____ Current Date ____/____/____

Witness/Aesthetician _____ Current Date ____/____/____

