

## Informed consent IPL

*Intense pulsed light (IPL) treatment is a method of treating redness, benign vascular lesions, pigmented lesions of the skin, permanent hair removal and for overall skin appearance. The above can be caused by excess exposure to sunlight and also by medical conditions.*

I hereby give the authorization to be treated with IPL, to reduce redness, benign vascular, pigmented lesions, permanent hair removal and for overall skin appearance. I understand that the reduction may not be 100% and multiple treatments might be necessary. I also understand that the treatment with IPL may need to be performed in the future to achieve and maintain optimum results.

I have been informed verbally and in writing about treatment with IPL. I have also been informed about alternative treatment possibilities and I understand that other forms of treatment, or no treatment at all, are choices that I have.

It has been explained to me that there are certain risks in any medical procedure and that in this specific instance risks include:

1. Redness and swelling after treatment which can last up to 10 days
2. Darkening of pigmented lesions which can last for 7-14 days
3. Crusting of the treated area which can take up to 14 days to heal
4. Although uncommon, treatment with IPL may cause blisters or light burns of the epidermis
5. Temporary hyper- or hypopigmentation can occur and will generally fade within 6 to 12 months
6. Very rarely scarring

I agree to follow postoperative recommendations in order to ensure the best possible results. I understand that exposure to the sun and excessive heat must be avoided for at least 6 weeks after the treatment and a sunblock of factor 50 must be used on the exposed skin areas every 2 hours. If sunblock is not applied then it is possible that blotchy skin pigmentation, hyper- or hypo pigmentation can occur.

I agree to cooperate with the recommendations (as stated on [www.statenkliniek.nl](http://www.statenkliniek.nl) or the information leaflet) of Statenkliniek while I am under their care, realizing that any lack of co-operation could result in less than optimum results. Furthermore, I authorize Statenkliniek to take photographic documentation to assess the results, for teaching purposes or publication if considered appropriate.

I certify that I have completely read the above (or it is read to me) and fully understand the terms and words within the above consent to the procedure and to the explanations referred to, or made. I have had the opportunity to ask questions regarding the proposed treatment. These questions were all answered to my satisfaction. I also certify that I have informed Statenkliniek about my medical history, the medication I use and other aspects that can influence the result of the treatment. I understand that I have to inform Statenkliniek timely about changes in my medical condition.

I have been informed that (i) the treatment is independent of the specialist dermatological treatment, that (ii) appointments can be cancelled up to 24 hours (one working day) before the treatment without incurring a no-show fee according to the published price list (see: <https://statenkliniek.nl/en/costs/>) and that (iii) this consent also applies to all future treatments unless a letter, withdrawing the consent in whole or in part, is submitted to Statenkliniek.

In agreement, Den Haag, on

Name and signature patient

Name and signature on behalf of Statenkliniek