



CONSENT FOR MICROPHOTOTHERAPY TREATMENT

I, _____, hereby authorize **Jane Leigh Eden**, the skin care professional in charge at Eden Skin and Body Institute to treat me with the Microphototherapy Facial SkinCare Device.

RISKS

Erythema (pink color or redness), edema (swelling), hypopigmentation (lighter than normal skin color), hyperpigmentation (darker than normal skin color)

The treatment is to be performed with the Facial SkinCare Device (FSD). **The nature and purpose of the treatment, the risks involved, and the possibility of complications have been fully explained to me. I understand that the results from the treatment vary with each individual and multiple treatments are necessary for enhanced changes to the skin.** The FSD is to be used 2 times a week for 4 weeks for best results. Full results from this treatment series are best seen 60 days after completion of treatments.

The FSD produces multiple bursts of light and heat energy that is absorbed into the skin. The treatment may feel like a "pinprick" sensation or a "snapping rubber band" with each burst of light and heat. There is a very small chance that the treated site (face) may appear red and slightly swollen immediately after treatment. **I understand that sun exposure and not adhering to the post skin care instructions may increase my risk of complication.**

PLEASE INITIAL

- _____ I am not pregnant or lactating.
- _____ I do not have a pacemaker.
- _____ I do not suffer from Epilepsy.
- _____ I do not have a history of skin cancer.
- _____ I have not received chemotherapy or radiotherapy in the past three months.
- _____ I do not have a history of herpes breakouts in the area of treatment.
- _____ I have not used Retin-A for the past 72 hours.
- _____ I have not taken Accutane in the past 6 months.
- _____ I agree that I am not taking any medications that may cause photosensitivity.
- _____ I agree to avoid sun exposure for 48 hours.
- _____ I agree to apply sunscreen daily.

I certify that I have read and fully understand the above consent, that explanations have been made, and that the skincare professional has answered all of my questions. Please contact **Jane Leigh Eden** immediately by phone or email if you have any complications after your treatment.

Patient or Person Authorized to Sign for Patient

Please Print Name Here

DATE: _____

WITNESS: _____