Harmony XL Pro

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Status: active Form type: default Company: Acme Inc

DISCLAIMER

Informed consent: Pain- during the treatment the sensation may be similar to that of an elastic band on the skin to reduce discomfort my practitioner may use topical anaesthetic and/ or cool air. Pain- post treatment my skin may feel tingly, hot or painful within 2-3 days following. Redness (erythema) and swelling - may last up to 7-10 days. Darkening of pigmented lesions and crusting before shedding away – within one week. Crusting or scabbing may occur - the healing ointments my practitioner has advised should be applied. Allergic reactions – an immediate or delayed allergic reaction to the tattoo ink dispersing or drug reactions could occur and in this instance I should seek my doctors medical advice. Infection- if the treating area becomes increasingly red or oozing I should contact my treating practitioner for guidance. I understand that there is a rare possibility of adverse events or complications post treatment including burns, blisters, bruising, scarring, hypopigmentation and hyperpigmentation, activation of herpes simplex infection. I am aware that adherence to the aftercare advice provided to me by my practitioner will reduce the possibility of complications following treatment. I agree to wear eye protection during treatment for my own eye safety. I understand that the clearance of tattoo/ pigment/ blood vessel or other lesion may vary with each individual and full treatment results cannot be guaranteed and therefore I may require further or alternative treatments. I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: - the aims/motivations for having the procedure and the desired outcome - the risks inherent in the procedure - the risks inherent in refusing the procedure - the risks specific to me - the expected benefits of the treatment - the potential disadvantages of the treatment - alternative procedures and their pros and cons - including the option of no treatment at all - any uncertainties about and the likelihood of success of the procedure - any follow-up treatment that may be required CLINICAL PHOTOS AND VIDEOS: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

QUESTIONS

Are you currently pregnant?

◯ Yes ◯ No

Are you currently breastfeeding?

◯ Yes ◯ No

Undergoing IVF?

◯ Yes ◯ No

Do you have any skin conditions such as excema, psoriasis, cellulitis?

◯ Yes ◯ No

Have you ever had keloid scarring?

◯ Yes ◯ No

Do you have vitiligo or loss of pigment anywhere on the body?

◯ Yes ◯ No

Do you have any autoimmune diseases?

◯ Yes ◯ No

Are you currently undergoing or have you previously undergone cancer treatment?

◯ Yes ◯ No

Are you currently using oral or topical steroids?

◯ Yes ◯ No

Are you currently taking any St. John's wort?

◯ Yes ◯ No

Are you currently taking roaccutane or stopped within the last 6 months?

◯ Yes ◯ No

Do you have collagen vascular disease?

◯ Yes ◯ No

In the past month have you undergone any aesthetic treatments such as botox, fillers, chemical peels in the area to be treated?

◯ Yes ◯ No

What would you like to achieve with your skin?

Do you have a time frame in mind to achieve your skin goals?

Have you had laser/ IPL/ energy based treatments before?

◯ Yes ◯ No

Have you ever had any previous side effects or concerns following these treatments?

◯ Yes ◯ No

Please list any current medications including topical ointments

Please list your current skincare routine

☐ I have had an appropriate and informative consultation regarding my treatment with the Harmony XL pro and have been made aware of any potential side effects.

☐ I have read and understood my informed consent.

☐ I hereby consent to receive treatment with the Harmony XL Pro ClearLift/ ClearSkin/ iPixel/ DyeSR/ DyeVL/ NIR/ LPYag on myself for the treatment of Pigmented lesions/ vascular lesions / skin rejuvenation/ tattoo removal/ scarring or other: