

## Consent for Laser and IPL Treatment

Patient name:

DOB:

Treating practitioner name:

Provider no.:

Treatment date:

**Treatment location:** Victorian Cosmetic Institute Level 1, 268 Manningham Road, Lower Templestowe 3107

I understand this treatment is **elective and cosmetic**, and not medically necessary.

I have been informed of **other options**, including not proceeding.

I understand today's treatment may involve **off-label use** of the laser / IPL (outside TGA-approved indications).

I accept that **results vary**, are not guaranteed, and may not be long-lasting.

I may require more than one treatment to achieve the full result, and these will be at my own cost.

I understand that **medical information evolves**, which may affect future understanding of benefits and risks.

I have disclosed any relevant **medical conditions or contraindications** to my practitioner.

**Clinical photographs** may be taken for medical records only and will not be used for marketing without separate consent.

### Treatment summary

Skin concern(s) \_\_\_\_\_

Laser / IPL to be used \_\_\_\_\_

The area(s) to be treated with laser /IPL \_\_\_\_\_

Cost per session (including GST) \$ \_\_\_\_\_

### Risks and side effects

I understand and accept the common side effects and risks associated with the treatment:

- Pain or discomfort – during and after the treatment.
- Redness
- Bleeding or bruising
- Swelling and redness in and around the treated areas
- Scabbing of the skin
- Ineffectiveness of laser / IPL in treating the concern.

I understand and accept the following less common side effects associated with the treatment:

- Eye injury from laser / IPL
- Blistering or burning of skin
- Darkening of skin (hyperpigmentation) that is temporary or permanent
- Lightening of skin (hypopigmentation) that is temporary or permanent
- Infection
- Scarring

### Acknowledgment of consent

- I have read and understood this consent form
- I have had enough time to discuss the treatment and ask questions
- All my questions were answered satisfactorily
- I understand my practitioner may use AI scribe to dictate my appointment
- No treatment was performed before signing this form
- I am choosing to proceed voluntarily, without pressure or coercion

*I give my full, informed consent to proceed with treatment today*

If you would like a copy of this form emailed to you, please circle **Yes** / **No**

Name of patient: \_\_\_\_\_ Patients signature: \_\_\_\_\_

Date:

Practitioner: \_\_\_\_\_ Practitioner signature: \_\_\_\_\_

Date: