

MD COSMETIC & LASER CENTERS  
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**CONSENT FOR PHOTOREJUVENATION BY INTENSE PULSED LIGHT**

I authorize Denis T. Sconzo, M.D. to perform Intense Pulsed Light treatment upon me to achieve photorejuvenation of the face, neck or other areas of the body using the Palomar Intense Pulsed Light system. I understand that all treatments will be performed under the supervision of Dr. Sconzo and his trained staff at the above offices.

I understand that this is an elective procedure and the indication is my request for the treatment of superficial veins resulting in redness of the skin and for brown spots due to previous sun exposure. I understand that this treatment may also prove beneficial in elimination of fine wrinkles, large skin pores, and minor forms of acne, resulting in a smoother and softer appearance of the skin. I also understand that multiple treatments may be required for optimal results and that insurance will not cover the cost of the procedure.

I have been told that minor side effects are common and include temporary redness and mild sunburn-like effects, which may last for a few days. Other potential risks include itching, pain, blistering, bruising, infection, scarring, swelling and failure to achieve the desired hair loss. Serious or long-lasting effects are very rare, but may include pigment changes, which are light or dark spots in the skin, which may last for several months.

I consent to photographs being taken during the course of my treatment to evaluate the effectiveness of the treatment.

Pretreatment post-treatment instructions have been given to me and the potential advantages and disadvantages have been discussed with me. I have had the opportunity to look over the brochure concerning the photorejuvenation using the Palomar Intense Pulsed Light System. I have had all of my questions answered and I freely consent to the proposed treatment.

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Date: \_\_\_\_\_

Witness \_\_\_\_\_