



Consent for PhotoFacial Rejuvenation SkinTyte/BBL

BBL is based on using a Broad Band Light and skin cooling system, for PhotoFacial Rejuvenation procedures.

The light wavelength, exposure duration, and energy level are chosen to coagulate portions of unnecessary pigmentation variations, superficial vascular malformations, and heating collagen to result in wrinkle reduction.

Contraindications may include pregnancy, use of medications that increase photosensitivity, diabetes, and history of keloid scarring. Recent sun exposure and planned sun exposure are also contraindicated. BBL therapy may consist of multiple treatments given over several months with gradual Photo-Rejuvenation occurring over this time. Results may vary with different skin types and locations.

I understand that there is a possibility of rare side effects such as scarring and permanent discoloration; as well as short-term effects such as reddening, mild burning, temporary bruising, and temporary discoloration of the skin. These side effects have all been fully explained to me.

I understand that, regardless of payment method, there will be no refunds issued for services rendered. I agree that should I have a problem of any kind whatsoever, I shall immediately notify Refine MD.

I have read and understand this agreement and all of my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

I understand that photographs will be used to track patient progress. These photographs may be used for promotional purposes anonymously.

Client Signature: _____

Client Name: _____

Date Reviewed and Signed: _____