Eyecare Eyewear – Intense Pulsed Light (IPL) Informed Consent & Safety Information

1. Treatment Overview & Indications

The OptiLight IPL system delivers broad-spectrum light pulses (with targeted filters) to address dry eye, meibomian gland dysfunction, blepharitis, and associated facial and dermatological conditions. Please indicate the primary goal(s) of your treatment:

[ ] Dry Eye / Meibomian Blepharitis / Ocular Rosacea
[ ] Facial Vascular / Redness / Rosacea / Telangiectasia
[ ] Pigmentation / Dyschromia / Sun Damage / Age Spots
[ ] Skin Rejuvenation / Texture Improvement
[ ] Hair Reduction
[ ] Other: _____

2. What to Expect During & After Treatment

Procedure: Protective eyewear, goggles, or corneal shields will be placed over your eyes at all times. A cool, transparent gel will be applied to the treatment area. A test pulse may be applied prior to full application.
Sensations: You will experience bright light flashes and a warm, snapping sensation similar to a light rubber band snap.

Short-Term Effects: Redness & Swelling (Erythema): Mild "sunburn" sensation lasting 1-3 hours (occasionally up to 24-48 hours).
Pigment Darkening / Flaking: Pigmented spots may darken and crust/flake off over 5-10 days. Do not pick or scratch flaking skin.
Bruising / Blistering: Rare, but can occur in hypersensitive skin (typically resolves in 1-2 weeks).

3. Potential Risks & Rare Complications

While IPL is generally safe, rare risks include permanent skin discoloration (hyperpigmentation or hypopigmentation), scarring, or ocular damage if eyes are uncovered during treatment. Strict adherence to pre- and post-care guidelines minimizes these risks significantly.

4. Pre- & Post-Care Mandatory Requirements

Sun Exposure: Avoid direct sun exposure, tanning beds, and self-tanners for 3–4 weeks before and after treatment.
Sunscreen: Apply a broad-spectrum UVA/UVB sunscreen (SPF 30+) daily to the treatment area.
Skin Care: Avoid harsh active ingredients (retinoids, AHA/BHAs, exfoliating scrubs) on the treatment area as instructed prior to and following your session.

5. Pre-Treatment Medical Screening Checklist

Please complete accurately to assist your Practitioner in adjusting treatment parameters safely:

Screening Question / Response / Details (if YES)

Natural or artificial sun exposure / tanning in the past 3–4 weeks (or planned in next 4 weeks)? YES / NO _____

Use of self-tanners or tan-enhancing products in the past 3–4 weeks? YES / NO _____

History of active Cold Sores / Herpes Simplex near the treatment area? YES / NO _____
(Antiviral prophylaxis may be required)

Current pregnancy, planning pregnancy, or nursing? YES / NO _____

Photosensitizing medications/herbs (e.g., St. John's Wort, antibiotics, essential oils)? YES / NO _____

Intake of Isotretinoin (Roaccutane/Accutane) within the last 12 months? YES / NO _____

Anticoagulants, Aspirin, or history of easy bruising/bleeding disorders? YES / NO _____

History of keloid scarring, vitiligo, or psoriasis? YES / NO _____

Active skin conditions, dermatitis, skin cancer, or suspicious moles in treatment area? YES / NO _____

Tattoos or permanent makeup on or near the requested treatment area? YES / NO _____

Recent facial procedures (Botox, dermal fillers, chemical peels, or other laser/IPL)? YES / NO _____

What/When: _____

eyecare eyewear

Patient Acknowledgement & Consent

Please read and ensure agreement to each statement prior to commencing treatment

1). I authorize my Practitioner to perform OptiLight IPL treatment(s) on me for the agreed condition(s).

2). I understand that results vary per individual and that multiple sessions (typically 5 or more) are required for optimal results.

3). I confirm that I have disclosed a complete and accurate health history, including all current medications and recent sun exposure.

4). I understand that protective eyewear must be worn at all times during the procedure.

5). I acknowledge the potential short-term side effects and rare risks, including discoloration, scarring, or blistering.

6). I agree to adhere to all pre-care and post-care instructions, including sun protection protocols.

Photography Consent:

7). I consent to clinical photographs being taken for my medical record to track progress.

8). I consent to de-identified photographs being used for educational or clinical publishing purposes.