



- LUMECCA™ is a non-invasive IPL (Intense Pulse Light) technology that utilizes the technology for Skin Rejuvenation, Pigmented and Vascular lesions improvement.
  - Pigmented lesions will become darker for a period of 1-2 weeks before starting to lighten. Local inflammation around the lesions, manifested as some redness and swelling may accompany the response, as part of the healing process.
  - Blood capillaries will clot and appear darker for 1-2 weeks before disintegration. Some redness and swelling may accompany the response, as part of the healing process.
  - Some skin tightening may occur immediately, which may decline for 1-2 months, but will improve then, as new collagen fibers are produced.
  - All 3 lesions: brown, red and loose skin may improve simultaneously.
  - No complete clearance is guaranteed
  - Treatment requires a number of sessions
  - Exact number of sessions is individual
  - There may be some discomfort and transient redness and/or swelling associated with treatment
  - There is a small risk of adverse reactions
- I understand that taking the treatment course is my choice and that I am free to withdraw at any time, without giving any reason
  - I was told about the possible side effects of the treatment including: local pain, skin redness (erythema), swelling (edema), damage to the natural skin texture (crust, blister, burn), change of pigmentation (hyper- or hypo-pigmentation), and scarring. Although these effects are rare and expected to be temporary, any adverse reaction should be reported immediately
  - I understand that I have to comply with treatment schedule, otherwise results may be compromised
  - I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than this above and I authorize the physician or assistants to perform such other procedures if they find them professionally desired
  - I understand that not everyone is a candidate for this treatment and results may vary therefore, there is no guarantee as to the results that may be obtained

The procedures to be used to treat my conditions have been explained to me

Patient Initials: \_\_\_\_\_

Physician/Assistant Initials: \_\_\_\_\_

1. I have had sufficient opportunity to discuss my condition and treatment. I believe I have adequate knowledge upon which to base an informed consent
2. Any questions I may have asked have been answered to my satisfaction
3. I authorize before, during and after the procedure(s) the taking of photographs to be part of my patient profile that may be used for scientific or marketing purposes without disclosing my identity, not exposing my face

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Physician/Assistant Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Patient Name (Print)  
Or person authorized to sign for patient

\_\_\_\_\_  
Physician/Assistant Name (Print)

Date \_\_\_\_\_