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**INFORMED CONSENT EPI-C Plus IPL + LLLT**

**The following information is aimed to:**

• Inform you about the stimulation technique through IPL® and LIGHT MODULATION®

technologies;

• Verify the absence of contraindications related to the use of those technologies.

If all conditions are met, any questions have been directed to the Doctor and answered to your

satisfaction, and after your informed consent, the Doctor may proceed to the treatment safely

and effectively.

**THE TREATMENT:**

**IPL** is a polychromatic light which, using thermal pulses to vitalize the tissue to resume their

normal activities.

**LIGHT MODULATION** is a unique technology of photobiomodulation (PBM) used for many years

in various fields of medicine (dermatology, dentistry, etc.). The emission of light at a particular

wavelength triggers the production of ATP and increased cellular function as well as an

endogenous heating.

**CONTRAINDICATIONS:**

**The treatment is contraindicated in the following cases:**

• Pregnancy

• Epilepsy

• In the presence of metallic piercing on the treated area

• Open sore, infection, or eczema

WARNING: If taking medications such as a photosensitizing drug, anti-inflammatories,

anticoagulants, antibiotics and antihistamines, please notify your Doctor. IPL is not

recommended to be used on dark skin pigmentations (phototype 6 on the Fitzpatrick scale) due

to the potential for bleaching effects. Light modulation is not recommended to be used on

thinned skin, such as saggy or droopy eyelids, as it may result in burning.

I have read and understand the risks and benefits of IPL and Light Modulation therapy and have

no further questions for my Doctor. I have no known contraindications and wish to proceed with

treatment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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