

Informed Consent BBL[™] BroadBand Light

l,		
		, and / or a designated
		to perform BBL
treatments on the following area	a(s) of my body:	
permanent hair reduction and that cl is a possibility of rare side effects su	inical results may vach as scarring and ling, temporary bruis	vascular and pigmented lesions, and/or vary in different skin types. I understand that there permanent discoloration as well as short term ising and temporary discoloration of the skin.
than tan, usually obtain good results	on the first and subtion in their results.	ound that those people who tend to sunburn rather bsequent visits. On the other hand, those who tan Some patients in this category will experience at all.
I understand that the treatment been fully explained to me.	by the Sciton BBL s	system involves payment, and the fee structure has
☐ I also understand that there are other options for treatment that are available and each of these other options has been fully explained to me.		
Photography		
I do or do not consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy to be used for medical, marketing, and education purposes. Although the photographs or accompanying material will not contain my name or any other identifying information, I am aware that I may or may not be identified by the photos.		
I have read and understand all information presented to me before signing this consent form. I have been given an opportunity to have all of my questions answered to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.		
Patient's Name (Printed):		
Signature:	Date [.]	Witness: