A logo with black and yellow text

AI-generated content may be incorrect.

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| **CORE 4** |

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AREAS TO BE TREATED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TREATMENT OPTIONS (Tick all that apply)**

* ProDeep (Fractional Non- Ablative 1340nm)

Non ablative fractional lase targeting mid dermis for remodelling and tightening with minimal downtime

* HandPICO (picosecond laser)

Ultrashort picosecond pulses break pigment and stimulate collagen with minimal thermal injury

* Dualmode 2940nm Er:YAG

Ablative, creates controlled micro injuries for resurfacing, wrinkle reduction and scar repair.

* IPL-SQ (IntensePulsed light with square pulse)

Targets pigmentation and redness using even, square light pulses.

**TREATMENT INDICATIONS**

Pigmentation (PIH,sun damage, melasma)

Acne & Acne scarring

Photoaging, redness, dullness

Skin texture and Pore refinement

Fine lines and early signs of aging

Redness and vacular irregularities

Collagen induction and skin tightening

**EXPECTED DOWNTIME**

HandPICO : Mild Redness to be expected 1-2 days

ProDEEP: Mild swelling/ Flushing 1-2 days

DualMode:3-7 days

IPL- SQ Possible redness, pigment darkening

**POSSIBLE SIDE EFFECTS**

Temporary redness, swelling, sensitivity

Flaking, Crusting or dryness

Pigment changes (lightening and or darkening )

Cod sore activation

Rare: Bruising, blistering, infection, scarring

Post inflammatory hyperpigmentation (especially in darker skin types)

**CONTRAINDICATIONS** *DO not proceed if you have:*

Used Roaccutane within the last 6-12 months

Active skin infection or herpes in the area

History of keloid or abnormal scarring

Current pregnancy or breastfeeding

Photosensitizing medication or immune condition

Recent sun exposure or fake tan (past 2 weeks)

Metal implants in the treatment area.

**Client Acknowledgement**

* I understand the procedure and its purpose
* I have disclosed all relevant medical and skin history
* I understand the possible side effects and downtime
* I agree to follow all pre and post care instructions
* I understand results vary and multiple sessions may be needed
* I have had all my questions answered to my satisfaction

Photo Consent

* I consent to before/after photos for medical records.
* I consent to use of de identified photos for educational or marketing purposes

**Intials:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practitioner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**