



VANDERVEER  
CENTER®

## **LED: Patient Consent for Treatment**

### **A. Purpose and Background**

- Lightwave treatment is a non-ablative way to rejuvenate the skin, including treatment of sun damage, cellulite, tone and texture, acne and superficial wrinkles. Treatments using Lightwave will not cure any medical conditions nor provide immunity against re-occurrence of such conditions. The purpose of the Lightwave treatment is to achieve cosmetic improvement in the skin tone and texture by stimulating your body's own regenerative metabolism, accelerating the replenishment of collagen and elastin to restore your youthful appearance.

### **B. Procedure**

- The Lightwave device is a simple process of stimulating tissues to convert light energy into cellular energy, revitalizing and optimizing the health of these tissues. The treatment area can include face, neck, and body areas such as hands, arms, and legs. The procedure will take an estimated time of 20 minutes per session. The face or body area needs to be clean with no makeup or lotion prior to treatment. Goggles will be provided to you for your protection during the treatment.

### **C. Risks/Discomfort**

- While adverse reactions are extremely rare, there is a possibility of some degree of discomfort which can include redness, edema and flaking. Permanent reduction or removal of hair in the treatment area is possible, while follicle stimulation can occur in the treated area as well. I agree if I have any concerns regarding my Lightwave treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider. The sensation experienced during Lightwave treatment is often described as warm and comfortable.

### **D. Eye Protection**

- I understand that Lightwave emits Light Emitting Diode technology with a low level power output. I understand that I am not to remove the eye protection during treatment.

### **D. Alternatives**

- Lightwave is strictly a voluntary cosmetic procedure. Alternative treatments for skin rejuvenation, but are not limited to: microdermabrasion, chemical peels, other laser treatments, neurotoxin, dermal fillers or doing nothing at all.

### **F. Photography**

- I understand that clinical photographs are an essential component of my medical record. Photography is required by VanderVeer Center, before, during, and after treatments.

**I. Consent to Procedure**

- Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, on the results that can be obtained. I understand that to achieve maximum results, VanderVeer Center’s protocols should be adhered to. Treatments are scheduled 2 times a week, or treatment immediately after a laser treatment to heal faster. The number of treatments and results of treatment vary per patient and may be affected by the following factors, including but not limited to: degree of skin irregularity, patient age, skin conditions, medical history, and lifestyle choices such as smoking and sun exposure.
- I have provided my complete medical history and medications, including any changes.
- I understand sun exposure of any kind must be avoided for a minimum of 1 weeks prior to treatment (including natural and artificial sun - including sunless tanning products and sprays). Any tan or sunburn could result in a less effective treatment or the provider choosing not to perform the treatment.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. I understand that for optimal results, sun exposure must be avoided after the treatment and sun block SPF 30 should be used on the treated skin.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

**I elect to proceed with LED treatment.**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Patient Signature:*** \_\_\_\_\_