



## GENTLEWAVES LED PHOTOMODULATION TREATMENT Evaluation and Consent Agreement

The GentleWaves LED Photomodulation Treatment is a painless, non-invasive, no down time method of rejuvenating aging skin. The treatment delivers pulses of non-laser light energy, called light emitting diodes (LEDs), to targeted areas of the skin. This activates the skin cells to form new collagen resulting in smoother, younger-looking skin. Benefits of the treatment include: Reduction in fine lines and wrinkles, decreases the appearance of skin pigmentation and age spots, shrinks pore size, diminishes capillaries, improves the appearance of photo-aged or environmentally damaged skin, increases collagen production, reduces the enzyme collagenase that is responsible for aging skin.

**Please initial that you have read and understand the following:**

1. I do not have a history of seizures. \_\_\_\_\_
2. I do not have a history of light triggered migraine headaches. \_\_\_\_\_
3. I am not pregnant. \_\_\_\_\_
4. I am not currently taking the drug Accutane. If you have previously taken the drug Accutane: I certify that I have been off the drug for six (6) months or longer. \_\_\_\_\_
5. I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks. Possible side effects of the treatment may include, but are not limited to, mild redness of the skin, irritation, or mild discomfort. Although this is a non-laser light source which is low energy and is believed to be "eye safe," protective eyewear will still be provided as the light panels are bright. \_\_\_\_\_
6. Should any unusual skin irritation or symptoms occur, please notify Simonson's immediately. \_\_\_\_\_
7. I agree to adhere to all safety precautions and regulations during the light treatment, including protective eyewear. \_\_\_\_\_
8. I have completed the Guest Derma Analysis Questionnaire and have provided accurate and complete information. \_\_\_\_\_
9. Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained. I further understand that no promises of permanence have been made to me regarding any light or skin care treatments. \_\_\_\_\_
10. The nature and purpose of this treatment have been explained to me, and any questions I have regarding the treatment have been answered to my satisfaction. \_\_\_\_\_
11. I have received and understand the skin care regimen recommendations. \_\_\_\_\_

