

WILSON AESTHETICS PATIENT INFORMATION SHEET

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT NAME & PHONE #: _____

PLEASE LIST ANY MEDICATIONS/VITAMINS WHICH YOU ARE TAKING:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INFORMED CONSENT FOR TREATMENT

I understand that the Sciton Profile BBL is intended for benign vascular and pigmented lesions, and/or permanent hair reduction. Clinical results vary in different skin types

I also understand that there is a possibility of rare side effects such as:

- Redness/irritation of the skin
- Mild burning
- Blistering
- Scarring
- Bruising
- Temporary discoloration of the skin

Based on the studies of other physicians, we have found that those people who tend to sunburn rather than tan, usually obtain good results with their treatments with the BBL. Those people who tan easily tend to have more variation in their results. Some patients in this category will experience no improvements at all.

We do not file treatments with any insurance companies. Payment in full must be made at the time of service.

I have read and understand this agreement and all of my questions have been answered to my satisfaction. I agree to the terms of this agreement.

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PATIENT SIGNATURE: _____

DATE: _____

WITNESS INITIALS: _____