

Eastside Primary Care & Wellness
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Informed Consent

I understand that the Sciton Profile BBL is intended for benign vascular and pigmented lesions, and/or permanent hair reduction and that clinical results may vary in different skin types. I understand that there is a possibility of rare side effects such as scarring and permanent discoloration as well as short term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin. These effects have all been fully explained to me _____ (please initial).

Based on the experience of other physicians we have found that those people who tend to sunburn rather than tan, usually obtain good results on the first and subsequent visits. On the other hand, those who tan more easily tend to have more variation in their results. Some patients in this category will experience partial results and some will experience no improvement at all.

I understand that the treatment by the Sciton Profile BBL system involves payment, and the fee structure has been fully explained to me.

I also understand that there are other options for treatment that are available and each of these other options have been fully explained to me _____ (please initial).

With this in mind, I am choosing to try the Sciton Profile BBL non-invasive treatment for vascular, pigmented lesions and/or permanent hair reduction.

Photographs

I do ___ do not ___ give permission for photographs and other audio-visual and graphic materials to be used by the physician or Sciton, Inc for marketing, or educational 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.

Signature _____

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

Patient's Name: _____

Signature: _____

Date: _____

Witness: _____