RADIANT
LASER

RADIANT GENESIS DPL



DYNAMIC PULSE LIGHT (DPL) TREATMENT
CONSENT AND INFORMED WAIVER

FOR MULTIPLE TREATMENT INDICATIONS:

HAIR REMOVAL | VEIN REMOVAL | ACNE TREATMENTS
SKIN TIGHTENING | PHOTO FACIALS | PIGMENTATION REMOVAL

CLIENT INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone: _____

Email: _____

Address (optional): _____

ABOUT RADIANT GENESIS DPL

The Radiant Genesis DPL uses advanced Dynamic Pulse Light (DPL) technology to deliver controlled light energy to specific targets in the skin. It can be used for multiple aesthetic treatments including hair removal, vein removal, acne treatments, skin tightening, photo facials (skin rejuvenation) and pigmentation removal. Multiple sessions are typically required for optimal results.

POTENTIAL BENEFITS

- Reduction of unwanted hair growth
- Improvement in appearance of visible blood vessels (veins)
- Reduction in acne-causing bacteria and improvement in acne
- Improved skin tone, texture and overall skin appearance
- Reduction in the appearance of sun damage, pigmentation (brown spots) and redness
- Stimulation of collagen for firmer, tighter-looking skin
- Brighter, more even skin tone and a more youthful appearance

POTENTIAL RISKS AND SIDE EFFECTS

Although DPL treatments are generally safe when performed by a trained and qualified professional, possible side effects may include:

- Temporary redness
- Swelling
- Warmth or heat sensation
- Mild discomfort (similar to a snap of a rubber band)
- Itching
- Dryness or flaking
- Changes in skin pigmentation (lighter or darker areas)
- Bruising (especially with vein treatments)
- Crusting or temporary scabbing
- Blistering (rare)
- Skin infection (rare)
- No improvement or incomplete results

CONTRAINDICATIONS (Treatment may not be suitable if you have:)

- Pregnancy or breastfeeding
- Active skin infections (e.g. cold sores, bacterial, fungal or viral)
- History of skin cancer or pre-cancerous lesions in the treatment area
- Recent tanning, sunburn or excessive sun exposure
- Photosensitive conditions or medications (e.g. certain antibiotics, isotretinoin/Accutane)
- Use of blood-thinning medications (as advised by your healthcare provider)
- Uncontrolled medical conditions (e.g. diabetes, autoimmune disorders)
- History of keloid scarring
- Epilepsy (for light-sensitive conditions)
- Any other condition that, in the opinion of the practitioner, may make the treatment unsafe

TREATMENT AREAS AND INDICATIONS

HAIR REMOVAL	Reduces unwanted hair growth on the face and body.
VEIN REMOVAL	Targets visible facial and leg veins, redness and broken capillaries.
ACNE TREATMENTS	Helps reduce acne-causing bacteria and improves active acne.
SKIN TIGHTENING	Stimulates collagen for firmer, more youthful-looking skin.
PHOTO FACIALS (SKIN REJUVENATION)	Improves skin tone, texture, sun damage and overall radiance.
PIGMENTATION REMOVAL	Reduces the appearance of brown spots, sun spots and uneven pigmentation.

CLIENT ACKNOWLEDGEMENT AND CONSENT

- ☐ I have read and understood the information provided above.
- ☐ I have had the opportunity to ask questions and have received satisfactory answers.
- ☐ I understand the potential risks, side effects and benefits of Radiant Genesis DPL treatments for all indications (hair removal, vein removal, acne, skin tightening, photo facials and pigmentation removal).
- ☐ I confirm that I have disclosed my complete medical history, current medications and any skin conditions to the practitioner.
- ☐ I understand that multiple treatment sessions are typically required for optimal results and that results may vary.
- ☐ I understand that no guarantee can be made regarding the outcome of the treatment.
- ☐ I agree to follow all pre- and post-treatment care instructions provided by the clinic.
- ☐ I voluntarily consent to receive Radiant Genesis DPL treatments.
- ☐ I release the clinic, its owners, employees and affiliated partners from any liability related to the treatment, except in cases of negligence.

CLIENT SIGNATURE

Client Signature: _____

Date: _____

Practitioner Name: _____

Date: _____