

# epi-c plus<sup>®</sup> (IPL + LLLT)

## INFORMED CONSENT

Dear Patient,

Shortly, you will get benefits from an innovative treatment with the epi-c plus<sup>®</sup> (IPL + LLLT), a light modulation device.

The following information is aimed to:

- Inform you about the stimulation technique through OPE<sup>®</sup> IPL and Light Modulation<sup>®</sup> LLLT technologies;
- Verify the absence of contraindications related to the use of those technologies.

If all conditions are met, any questions have been directed to the Doctor and answered to your satisfaction, and after your informed consent, the Doctor may proceed to the treatment safely and effectively.

### THE TREATMENT:

OPE<sup>®</sup> IPL is a polychromatic light which, using thermal pulses to vitalize the tissue to resume their normal activities.

Light Modulation<sup>®</sup> LLLT is a unique technology of photobiomodulation (PBM) used for many years in various fields of medicine (dermatology, dentistry, etc.). The emission of light at a particular wavelength triggers the production of ATP and increased cellular function as well as an endogenous heating.

### CONTRAINDICATIONS:

The treatment is contraindicated in the following cases:

- Pregnancy
- Epilepsy
- In the presence of metallic piercing on the treated area
- Open sore, infection, or eczema

**WARNING:** If taking medications such as a photosensitizing drug, anti-inflammatories, anticoagulants, antibiotics and antihistamines, please notify your Doctor.

OPE<sup>®</sup> is not recommended to be used on dark skin pigmentations (phototype 6 on the Fitzpatrick scale) due to the potential for bleaching effects.

Light Modulation<sup>®</sup> LLLT is not recommended to be used on thinned skin, such as saggy or droopy eyelids, as it may result in burning.

If taking medications such as anti-inflammatories, anticoagulants, tetracyclines, please notify your doctor.

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### CURRENT MEDICATIONS

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I have read and understand the risks and benefits of OPE<sup>®</sup> IPL and Light Modulation<sup>®</sup> therapy and have no further questions for my Doctor. I have no known contraindications and wish to proceed with treatment.

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NAME / SURNAME

EMAIL

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SIGNATURE

DATE

PHONE