InfintyPro Low Level Light
TREATMENT CONSENT FORM

MAUI OPTIX

DRY EYE CLINIC

The InfinityPro is an LED Light Phototherapy device. It can be used for the reduction of melanin, skin rejuvenation, rosacea, acne, accelerated healing and bruise resolution, and reduced inflammation.

I understand that the treatment may involve a series of treatments. Individual response will vary according to follow up care, and the body area being treated.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I understand the procedure, and risks, accept the risks, and request that this procedure be performed on me by a qualified provider.

I understand this treatment is entirely voluntary on my part. I hereby indemnify and hold harmless MDelite and all individuals associated with MDelite, the physician and/or the treating technician, and all staff members at the office of Maui Optix from any and all liability, damages, cost and expenses arising from or out of the use of the InfinityPro LED Light Phototherapy system.

I understand that treatment may not be appropriate for certain patients, including those who suffer from light-induced migraines or who are taking St. John's Wort or other herbal remedies. Contraindications also include patients with autoimmune or photosensitive disorders, epilepsy or light-triggered seizures, or those taking medications known to cause photosensitivity or phototoxic reactions (for example: Porphyria, Lupus, Tetracycline, Methotrexate, Ciprofloxacin). Other contraindications include patients who have taken oral retinoids, have a history of cancer, or who are pregnant.

These effects and contraindications have all been fully explained to me _____ **(please initial)**

Patient Name _____

Signature _____ Date _____

InfintyPro Low Level Light
TREATMENT CONSENT FORM

MAUI OPTIX

DRY EYE CLINIC

The InfinityPro is an LED Light Phototherapy device. It can be used for the reduction of melanin, skin rejuvenation, rosacea, acne, accelerated healing and bruise resolution, and reduced inflammation.

I understand that the treatment may involve a series of treatments. Individual response will vary according to follow up care, and the body area being treated.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I understand the procedure, and risks, accept the risks, and request that this procedure be performed on me by a qualified provider.

I understand this treatment is entirely voluntary on my part. I hereby indemnify and hold harmless MDelite and all individuals associated with MDelite, the physician and/or the treating technician, and all staff members at the office of Maui Optix from any and all liability, damages, cost and expenses arising from or out of the use of the InfinityPro LED Light Phototherapy system.

I understand that treatment may not be appropriate for certain patients, including those who suffer from light-induced migraines or who are taking St. John's Wort or other herbal remedies. Contraindications also include patients with autoimmune or photosensitive disorders, epilepsy or light-triggered seizures, or those taking medications known to cause photosensitivity or phototoxic reactions (for example: Porphyria, Lupus, Tetracycline, Methotrexate, Ciprofloxacin). Other contraindications include patients who have taken oral retinoids, have a history of cancer, or who are pregnant.

These effects and contraindications have all been fully explained to me _____ **(please initial)**

Patient Name _____

Signature _____ Date _____