

BBL (BroadBand Light) – SkinTyte

I, _____, Authorize _____,
and/or a designated practitioner of Dr. Alan Burke – Virginia ENT to perform BBL SkinTyte on
the following area(s) of my body: _____.

SkinTyte with the Sciton BBL is intended for selective photocoagulation of soft tissue for firmer looking skin. The Sciton SkinTyte treatment delivers infrared heat to create a renewed collagen foundation, leading to firmer skin. It is comfortable and safe, and there's no downtime. It can be used anywhere you'd like firmer skin. Research and experience show people who tend to sunburn rather than tan, usually obtain good results on the first and subsequent visits. Those who tan more easily may have more variation in their results (partial or no improvement at all).

Common Side Effects & Risks

I understand there is a possibility of rare side effects such as scarring and permanent discoloration. Hyperpigmentation (browning) and hypopigmentation (lightening) usually resolve within 2-6 months. Safe precautions with sun exposure are recommended. In addition, possible short-term effects include redness, mild burning, edema (swelling), blistering and infection. Although rare, herpes simplex virus infections around the mouth can occur, with or without a known history of cold sores. Should any kind of infection occur, please contact your clinician immediately to prescribe appropriate medicine.

Photography

I do ____ or do NOT ____ consent to photographs and other audio-visual and graphic materials before, during, and after the course of my therapy be used for medical, marketing, and educational purposes. Although the materials will not contain my name or any other identifying information, I am aware I may or may not be identified by the photos.

-
- ☐ I understand this involves payment, and the fee structures have been explained.
- ☐ I understand there are other options for treatment that are available, which have been explained.

I have read and understood all information presented to me before signing this consent form. The staff gave me the opportunity to answer my questions to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____