

The E>Eye was the first Registered and Certified Intense Regulated Pulsed Light for treating DED & MGD outside the U.S. and is used in over 3,000 clinics in 70+ countries. The IRPL is an FDA-cleared device under 510(k) (K200616) in June 2020 with the indication for rosacea treatment. One of the main effects of rosacea is skin inflammation and telangiectasia. This inflammation can spread to the periocular area, triggering inflammatory mediators to the meibomian glands leading to meibomian gland dysfunction.

More than a decade of studies confirm that IPL therapy helps reduce signs and symptoms for patients with this inflammatory condition that exacerbates the ocular surface disease

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The E>EYE IRPL is a non-invasive, safe, and effective treatment to address this multifactorial disease, with no advergented.	verse ever	nts
I (Patient's Name) Authorize (Doctor or Certified Me To perform the IRPL TM treatment to improve the multifactorial conditions due to Rosacea/Telangiectasia	dical Ted	chnician)
The E>EYE IRPL must not be used if pulsed light therapy is an incompatible treatment for you based o	n the fol	lowing:
Please indicate any concerns or medical conditions before treatment.		
Circle the Fitzpatrick Skin type of the area to be treated: (IRPL Chart). I II III	IV	V
I understand that sun exposure, tanning, or using tanning supplements pre and post-IRPL treatment may increase the risk for complications.	Yes	No
Have you had a sunburn on your face or used artificial tanners in the last month?	Yes	No
Do you have a history of allergic reactions to sunlight?	Yes	No
Are you pregnant?	Yes	No
Are you epileptic or prone to seizures?	Yes	No
Do You have Diabètes ?	Yes	No
Do you have a history of active cold sores or herpes simplex virus?	Yes	No
Do you have any infections in the area being treated?	Yes	No
Do you wear a pacemaker or cardiac defibrillator?	Yes	No
Are you taking any photosensitive medications? List below.	Yes	No
I understand the importance of following all the pre and post-care instructions to reduce the rare possibility of side effects, including permanent discoloration.	Yes	No
The procedure, potential benefits, and risks have been explained to me, and my questions have been answered.	Yes	No
I acknowledge there is no way to predict how I will respond to the treatment sessions.	Yes	No
I have read and understand the information provided in the informed consent.	Yes	No
List of current medications:		
I hereby give my consent to administer the IRPL treatment with the E>EYE device.		
Patient (please print) Signature of Patient Date		
Witness (please print) Signature of Witness Date		