



## CONSENT FOR LASER/LIGHT BASED TREATMENT

I authorize \_\_\_\_\_ to perform laser/pulsed light cosmetic dermatology treatments on me, including but not limited to deep tissue heating, soft tissue coagulation, hair removal, treatment of pigmented lesions, vascular lesions, acne, and/or wrinkles or tattoo removal. I understand that the procedure is purely elective, that the results vary with each individual, and that multiple treatments may be necessary.

I understand that:

- Serious complications are rare, but possible.
- Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer may occur.
- Freckles may temporarily or permanently disappear in treated areas.
- Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result.
- Lasers/intense pulsed light can cause eye injury and protective eyewear must be worn during treatment.
- I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chance of complications.
- I understand the importance of having an accurate diagnosis of pigmented lesions (brown spots on the skin) by a physician prior to treatment, as treatment of an undiagnosed skin cancer may delay proper medical care.
- I understand the importance of having an accurate diagnosis before vein treatments by a physician prior to treatment, as treatment of an undiagnosed vein/artery blockage may delay proper medical care. Our treatments are strictly cosmetic.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my Identify will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

I freely consent to the proposed treatment. By signing below, I certify that I have read and fully understand this consent form as well as the attached Exclusionary Criteria, that the procedure, potential benefits and risks, along with the before and after treatment instructions have been explained to me, and that all of my questions have been answered.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



## **Laser/IPL Acne Treatment Instructions**

**Note: This treatment cannot be performed on skin types V and VI.**

### **Pre-treatment requirements:**

- Tell us if there has been any change in medical history since your last visit or if you have taken Accutane in the past 6 months. No Accutane 1 month prior to treatment.
- Use SPF 30 sunblock to treatment areas that are sun exposed for 4 weeks prior to treatment. No tanning, tanning beds or tanning lotions for at least 4 weeks prior to treatment.
- Although tretinoin use in the area to be treated is not absolutely contraindicated, it is known to make skin more sensitive and prone to exfoliation. It is better to discontinue the use of exfoliating creams and other exfoliating products two weeks prior to and during the entire treatment course.
- Treatment should only be applied to intact, healthy skin, with the exception of acne-affected skin. Please reschedule if area to be treated has open lesions.
- If you have previously suffered from facial cold sores, there is a risk that this treatment could contribute to a recurrence. Speak to your physician about medications that may minimize a recurrence.
- Do NOT use make up the day of your treatment. Skin in the treatment area should be clean and hair free.
- Do NOT use tetracyclines, vibramycin, erythromycin, Zithromax or St. John's Wort for seven days prior to treatment. These can make you photosensitive.

### **Post treatment requirements:**

- A mild sunburn-like sensation is expected. This lasts 2–24 hours but can persist for 72 hours.
- Mild swelling and/or redness may accompany this, but it usually resolves in 2-3 days.
- Apply ice or cold packs to the treatment area for 10-15 minutes every hour for the next four hours, as needed. An oral, non-steroidal anti-inflammatory, such as acetaminophen may be taken to reduce discomfort. Use according to manufacturer's recommendations.
- In some cases, prolonged redness or blistering may occur. An antibiotic ointment may be applied to the affected areas twice a day until healed.
- Bathe or shower as usual. Treated areas may be temperature-sensitive. Cool showers or baths will offer relief. Avoid aggressive scrubbing and use of exfoliants, scrub brushes and loofa sponges until the treatment area has returned to its pre-treatment condition.
- Until redness has completely resolved, avoid all of the following:
  - Swimming, hot tubs, Jacuzzis. Especially in pools with chemicals, such as chlorine.
  - Activities that cause excessive perspiration.
  - Sun exposure to treated areas. Apply an SPF-30 or greater sunscreen to prevent development of new pigmented lesions.
- Some of the blemishes may form scabs. Do not pick, scratch or remove scabs.
- There may be initial flare-up of acne, similar to the kind seen after a peel procedure or the beginning of a new topical or oral acne medication.
- Some of the blemishes will fade after about 2-3 weeks.
- A 40% to 80% reduction in the number of lesions and the prevention of new lesion formation can be expected following the treatment course.

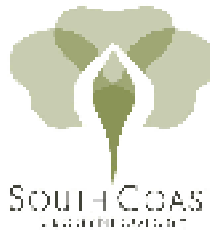
### **Treatment Schedule:**

- 1 x every 2-3 weeks for 5 treatments then extend time between treatments to 1-3 months for 3 treatments. If flare up occurs call and schedule an appointment for an earlier time.

### **Post treatment expectation:**

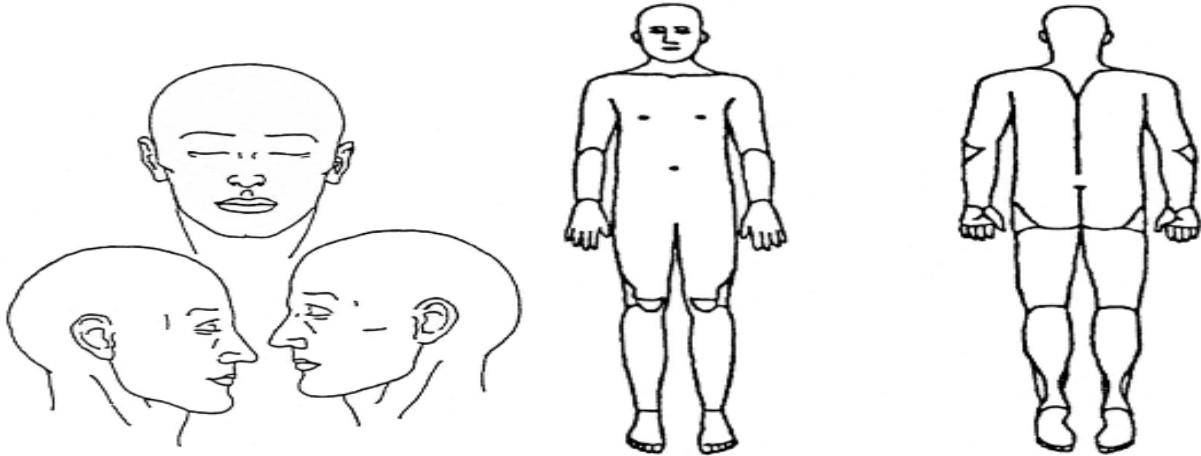
- You may apply moisturizer and make-up over the area.
- Pigmented area treated may initially get darker and flake off in 1 - 2 weeks; at that point it may be gone or faded.

**Please call us at the first sign of persistent pain or blistering at 949-499-5311.**



NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SKIN TYPE: \_\_\_\_\_

### Acne Laser Treatment Record



Date	Laser Handpiece	Joules/cm2	Pulse Duration	Pulse Count	Area Treated	Technician

Tx #: \_\_\_\_\_

Photo Taken \_\_\_\_\_

#### Since Last Treatment

Pregnancy - \_\_\_\_\_ Sun Exposure - \_\_\_\_\_

New Medications - \_\_\_\_\_ Change in Med Hx. - \_\_\_\_\_

Complications after last tx. \_\_\_\_\_

#### Today's treatment

Make up removed/face/area cleaned \_\_\_\_\_ Goggles or eyepiece used \_\_\_\_\_

Humatrix gel applied Pre tx \_\_\_\_\_ Post tx \_\_\_\_\_

Post tx cooling \_\_\_\_\_

Reaction to today's Tx:    none            mild            moderate            severe

Erythema                            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

Edema                                \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

Blister                                \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

Post care instructions reviewed \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Follow up phone call : \_\_\_\_\_

Medical Director signature and review date: \_\_\_\_\_