

CONSENT TO PULSED LIGHT-BASED TREATMENT

I authorize _____ to perform pulsed light hair removal or pigmented lesion or vascular lesion treatment on me. I understand that the procedure is purely elective.

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. I understand that treatment of benign pigmented lesions and vascular lesions cannot be accomplished without producing some epidermal damage and that this may take 2-4 weeks to resolve.

Pigment changes (light or dark spots on the skin) lasting 1-6 months or longer may occur. In addition, freckles may lighten and/or temporarily or permanently disappear in treated areas. There is the likelihood of coincidental hair removal when treating pigmented/vascular lesions in hair bearing areas.

Other potential risks include blistering, crusting, itching, pain, bruising, skin whitening, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result. Intense light can cause eye injury and protective eyewear must be worn during treatment.

I understand that sun exposure or use of tanning lamps or self tanning creams 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 by a physician of brown spots prior to treatment, as treatment of an undiagnosed skin cancer may delay proper medical care.

I understand that since hair follicles generally grow at angles within the skin it is possible to affect follicles that are not directly in the beams apparent path at the skin surface, and for that reason it is not advisable to shape or sculpt precise hair bearing areas such as eyebrows etc.

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

Before and after treatment instructions have been discussed with me. I have read and understand the attached exclusionary criteria. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

Patient's Signature: _____

Date: _____

Print Name: _____

Witness Signature: _____

Date: _____

Print Name: _____

SKIN TYPE WORKSHEET

CONSUMER NAME:		DATE:				
SCORE		0	1	2	3	4
	WHAT IS THE COLOR OF YOUR EYES?	LIGHT BLUE, GRAY OR GREEN	BLUE, GRAY OR GREEN	BLUE	DARK BROWN	BROWNISH BLACK
	WHAT IS THE NATURAL COLOR OF YOUR HAIR?	SANDY RED	BLOND	BROWN, CHESTNUT, DARK BLOND	DARK BROWN	BLACK
	WHAT IS THE COLOR OF YOUR SKIN (UNEXPOSED AREAS)	REDDISH	VERY PALE	PALE WITH BEIGE TINT	LIGHT BROWN	DARK BROWN
	DO YOU HAVE FRECKLES ON SUN EXPOSED AREAS?	MANY	SEVERAL	FEW	INCIDENTAL	NONE
	WHAT HAPPENS WHEN YOU STAY IN THE SUN TOO LONG?	PAINFUL REDNESS, BLISTERING, PEELING	BLISTERING FOLLOWED BY PEELING	BURNS SOMETIMES FOLLOWED BY PEELING	RARELY BURNS	NEVER HAD BURNS
	TO WHAT DEGREE DO YOU TURN BROWN?	HARDLY OR NOT AT ALL	LIGHT COLOR TAN	REASONABLE TAN	TAN VERY EASILY	TURN DARK BROWN QUICKLY
	DO YOU TURN BROWN SEVERAL HOURS AFTER SUN EXPOSURE?	NEVER	SELDOM	SOMETIMES	OFTEN	ALWAYS
	HOW DOES YOUR FACE RESPOND TO THE SUN?	VERY SENSITIVE	SENSITIVE	NORMAL	VERY RESISTANT	NEVER HAD A PROBLEM
	WHEN DID YOU LAST EXPOSE YOURSELF TO THE SUN, TANNING BED, OR SELF-TANNING CREAMS?	MORE THAN 3 MONTHS AGO	2-3 MONTHS AGO	1-2 MONTHS AGO	LESS THAN 1 MONTH AGO	LESS THAN 2 WEEKS AGO
	DO YOU EXPOSE THE AREA TO BE TREATED TO THE SUN?	NEVER	HARDLY EVER	SOMETIMES	OFTEN	ALWAYS
TOTAL SCORE :	SCORE	FITZPATRICK SKIN TYPE				
SKIN TYPE:	0-7	I				
	8-16	II				
	17-25	III				
	26-30	IV				
	OVER 30	V - VI				

Consumer Exclusion Criteria:

- **Unprotected sun exposure or use of tanning beds or creams.** If you have had unprotected sun exposure in the areas to be treated in the last 4 weeks you must notify your treatment provider. Protected sun exposure means wearing of protective clothing or use of a SPF # 30 or greater sunscreen.
- **Pregnancy**-If you are pregnant you should not have any treatments with light based devices. Although there is no evidence at this time of fetal harm from a light-based system, the results of the treatment may be erratic/unreliable due to fluctuations in hormonal levels and changes in physiological conditions.
- **Menstrual dysfunction** – If you have menstrual dysfunction or are known to have elevated androgen levels you should see an endocrinologist for evaluation and possible medical treatment. You may tend to have excess hairiness due to your disease, which may respond to medical treatment.
- **Use of mechanical epilation** –Notify your treatment provider if you are seeking hair removal and have used a mechanical epilation method less than 6 weeks prior to treatment. This includes plucking, waxing, tweezing, electrolysis or sugaring.
- **Allergies** – Inform your treatment provider of any allergies to medications, latex, foods or other substances.
- **History of seizures** –If you have a history of seizures or are taking a anti-seizure medication you should not have treatments with a light based device. Flashing lights may trigger a seizure.
- **Medications**-Inform your treatment provider of both prescription and non-prescription medications you are taking. Be sure to include herbal and natural remedies as some may cause photosensitivity. Consumers should not be taking Accutane, anti-coagulants or St. John's wort.
- **History of keloid & hypertrophic scar formation** - Although scarring is rare, picking or pulling off of scabs or crusting can result in scarring. For this reason it is recommended to exclude you from the treatment if you have a known tendency to form keloid or hypertrophic scars.
- **Active infections/Immunosuppression** - Active infections and immunosuppression compromise the healing ability of the body. If you currently have an active infection your treatment will be postponed until the infection is cleared.
- **Open lesions** - Treatment should only be done on intact, healthy skin.
- **Herpes I or II** - within the treatment area. If you have a history of herpes outbreaks in the area of treatment you should consult your Primary Care Provider for medical evaluation and possible prophylaxis prior to treatment.
- **Tretinoin (Retin-A[®], Renova[®]):** Although tretinoin use in the area to be treated is not absolutely contraindicated, it is however, known to make skin more sensitive and prone to exfoliation. You are advised to discontinue use of tretinoin and other skin exfoliating products 2 weeks before and during the course of treatment.
- **Oral isotretinoin/Accutane** – You will be excluded from treatments with the light based device if you have taken Accutane within the preceding 6 months. Accutane changes the underlying structure of the skin, which may cause unreliable results. It may also increase skin sensitivity to light.

LuxY, LuxR, LuxRs, LuxV Hair Removal Pre Treatment Instructions

- Discontinue sun tanning and the use of tanning beds and self-tanning creams 4 weeks before and throughout the treatment course. This will reduce the chance of skin color changes, and development of new lesions. Always use a SPF-30 or greater sunscreen on all exposed treatment areas and re-apply every 2 hours throughout the day. Wear protective, light-occluding hats and clothing.
- Discontinue use of exfoliating creams such as Retin-A and other skin exfoliating products 2 weeks prior to and during the entire treatment course.
- The treatment area should be shaved or closely clipped before the first and any subsequent treatments.
- Refrain from tweezing, waxing, sugaring, electrolysis or other epilation methods for at least 4 weeks prior to treatment and for the duration of treatments.
- It is best to shave or trim excess hair during the course of treatment
- If you have a history of herpes outbreaks in the area of treatment you should consult your Primary Care Provider for medical evaluation and possible prophylaxis prior to treatment.

LuxY, Lux G, LuxV, Lux B Pigmented and Vascular Lesion Pre Treatment Instructions

- Discontinue sun tanning and the use of tanning beds and self-tanning creams 4 weeks before and throughout the treatment course. This will reduce the chance of skin color changes, and development of new lesions.
- Always use a SPF-30 or greater sunscreen on all exposed treatment areas and re-apply every 2 hours throughout the day. Wear protective, light-occluding hats and clothing.
- Discontinue use of exfoliating creams such as Retin-A and other skin exfoliating products 2 weeks prior to and during the entire treatment course.
- If you have a history of herpes outbreaks in the area of treatment you should consult your Primary Care Provider for medical evaluation and possible prophylaxis prior to treatment.
- An accurate diagnosis by a physician of brown spots prior to treatment is necessary before treatment of lesions.
- Be aware there is the possibility of coincidental hair loss when treating pigmented lesions in hair bearing areas
- Topical anesthetics are not recommended for treatment of vascular lesions because of potential vasoconstriction that renders treatment less effective.