



CONSENT- KERALASE

Consent- Keralase:

Consent- Hair Growth Treatment

INFORMED CONSENT INTRODUCTION

Thank you for choosing Advanced Dermatology for your cosmetic skincare treatments. We value the opportunity to consult you on your aesthetic concerns and desires in the effort to promote healthy youthful skin.

Cosmetic treatments (injectable and laser, light or other energy-based therapy) are procedures that have both benefits and risks that need to be considered. A series of documents called Informed Consents have been prepared for you by Advanced Dermatology, LLC to help you make an informed decision. Informed Consent documents are used to communicate information about treatments, along with disclosure of risk and alternative treatment(s). It is important that you read these documents carefully and completely. ***Only when you have no questions or concerns do you initial each page, indicating that you have read and fully understand all the items it discusses. When you arrive at the end of the document, please sign the consent for the procedure. If you have any remaining questions or concerns, do not sign the consent until getting these questions answered by Dr. Taub, one of her staff members or Advanced Dermatology's Cosmetic Coordinator at 847-459-6400.***

FINANCIAL RESPONSIBILITY: All cosmetic, injectable and laser, light or other energy-based treatments are considered a cosmetic procedure and therefore not covered by insurance. We will not submit these treatments to your insurance and require that you pay at the time of service. You will receive Financial Protocols for each treatment that is recommended for you that are valid for 90 days from the date of our recommendation. Should the price change after 90 days you would be responsible for any increase in cost.

WHO WILL PERFORM MY TREATMENTS: We have a variety of highly skilled providers for each of our services: Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block, MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. All providers at Advanced Dermatology have been specifically trained by Dr. Taub and are all licensed professionals in the state of Illinois. Dr. Taub reviews and approves every treatment performed at Advanced Dermatology. Dr. Taub is a board-certified dermatologist with over 20 years in practice and is Medical Director and Founder of Advanced Dermatology. We have taken great measures to ensure that your treatment is performed safely and effectively. We attend national meetings frequently to keep updated on the latest, best and safest techniques and remain at the forefront of cosmetic dermatology.

DISCLAIMER: What your Physician, Physician Assistant, Laser Provider, Esthetician, Cosmetologist, and/or Cosmetic Coordinator have discussed with you and included again in these documents are the material risks, both common and uncommon, that they feel a reasonable person would want to know, understand, and consider in deciding if this treatment is something they would like to proceed with. Some risks cannot be foreseen. It is important that you read the information contained in each consent document and have all your questions answered before signing the consent. Questions and concerns can be answered in the office through a consultation appointment or by calling 847-459-6400.

INTRODUCTION: Keralase™

Keralase™ is a treatment designed to create a conducive environment to facilitate hair growth and improve scalp health by using a proprietary serum (Keralase™ serum) containing synthetic growth factors and skin proteins that are found to be lacking in an unhealthy scalp. The serum contains biomimetic growth factors that are wrapped in a nanoliposome coating to assist in scalp penetration. To further enhance scalp absorption, LaseMD Ultra (thulium laser) is used on the scalp prior to create microchannels for the serum to penetrate.

Indications for **Keralase™** include:

- Hair thinning or loss, with the desire for better looking hair and improvement of scalp health
- Scalp flaking, itchiness, dryness, or irritation
- Preparing for a hair transplant or undergoing hair loss treatments such as Rogaine, Propecia, PRP, or Laser Therapy

ALTERNATIVE TREATMENT: HydraFacial™ Keravive™ (Hydrafacial + Keravive peptide complex spray), prescription hair loss medications, cosmetic hair loss treatments, Platelet Rich Plasma (PRP), hair transplants, wigs.

WHO IS A GOOD CANDIDATE: Anyone who is looking to improve overall health of the scalp and hair, and/or seeks treatment for hair thinning or hair loss. This treatment is also good for patients who have:

- Telogen effluvium - Telogen is the name for the resting stage of the hair growth cycle; Telogen effluvium is when some stress (or traumatic experience/event) causes hair roots to be pushed prematurely into the resting state. Telogen effluvium can be acute or chronic.
- Androgenetic alopecia (male or female-pattern baldness)

You must also understand the risks, costs and time necessary to achieve the full benefit of the procedure and who has realistic expectations of the ultimate outcome.

WHO IS NOT A GOOD CANDIDATE: You should not have treatment if you have scalp cancer including SCC, BCC and melanoma that is existing or uncured, systemic cancer, chemotherapy, oral steroid therapy, dermatological diseases affecting the scalp. You also should avoid this treatment if there is any open wounds on the scalp or if you are pregnant or nursing, as the treatment has not been studied in this population of patients. Patients with scarring alopecia, alopecia areata, frontal fibrosing alopecia, lichen planopilaris, central centrifugal scarring alopecia are also not good candidates for this treatment. These forms of hair loss have not been tested and have underlying disease processes which may not be amenable to the treatments.

RISKS: Every medical procedure involves a certain amount of risk and it is important that you understand the risks involved with microneedling with growth factors. There may be minimal shedding involved with this treatment, as the vellus (non-growing hairs) hairs are uprooted and fall out. These hairs would have fallen out on their own, regardless of having a treatment. Vellus hair shedding is a sign that the scalp is entering a healthier state.

- There are no known interactions with any topical medications or non-medical topical treatments.
- There are no known interactions with any drugs, vitamins or supplements.

DISCOMFORT: The area being treated may feel warm and prickly. The treatment is not usually uncomfortable and very tolerable.

REDNESS, BLANCHING, SWELLING, AND PEELING: Short-term immediate risks include redness at the area being treated, although usually this dissipates within 24 hours. Heat and tingling sensations may occur up to a few hours after the treatment, but normally do not last longer. Swelling can also occur and could last for 3-7 days. In some rare instances, swelling and/or redness have lasted several weeks. There also may be peeling at the treated area.

HYPERSENSITIVITY: If you are allergic to any topical products, please inform your provider. It is possible for the skin to become irritated if you have a sensitivity or allergy to any of the ingredients used in the treatment products. (There is no sulfates, parabens, BHA, BHT, or DBP in the solutions used with this treatment)

LACK OF TREATMENT RESPONSE: There is a possibility that the targeted hairs will not respond to the treatment. This is often a function of the specific body chemistry of the patient and the severity of hair loss.

MULTIPLE TREATMENTS AND MAINTENANCE TREATMENTS: Improvement in scalp health and hair growth will likely be seen through a series of treatments scheduled one month apart. Although in some patients the results from a treatment are seen immediately, in most patients they will appear gradually during 3-5 treatments.

The total number of treatments needed is variable and can be further discussed with your provider. Maintenance treatments may be necessary for continuation of result; the number and timing may be individual.

The combination of **Keralase™** and daily use of the take-home **Keralase™** Peptide Complex spray in between treatments is recommended for optimal results and to maintain overall scalp and hair health. The spray and **Keralase™** serum both contain the same growth factors and skin proteins, however, the in-office solution contains a much higher concentration of these ingredients. Using the spray at home will lead to ongoing hair health and could lead to less maintenance treatments.

PATIENT SATISFACTION: Most of our patients/clients have been happy with their results, although results are variable and we cannot provide you with any guarantee of your results.

POST TREATMENT CARE: Your hair will also likely be wet from the solutions that are used during the treatment. Your hair should dry 15-20 minutes after the end of the treatment. For best results, allow the hair/scalp to fully absorb the solution and spray before applying heat. It is recommended that patients do not use a hair dryer within an hour of receiving the treatment or applying the spray. You can use hair styling products as soon as product is absorbed, and your hair/scalp has dried. It is recommended that you wait at least 6-12 hours before washing your hair.

Follow the instructions given to you by your provider and on the post-op info sheet. Failure to do so may result in sub-optimal results or side effects such as listed above.

Please do not touch the equipment while in the room. Medical equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

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CONSENT FOR PROCEDURE

I have read all pages contained in this document and hereby authorize the following medical provider(s): Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessie Benjoya, PA-C, Elana Cole MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Samantha Gelman, LE, Rachel Walker, LE, Nicole McNellis, LE, and Alyssa Conner, LE to perform the following procedure: **Keralase™**

I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the provider(s) to perform such other procedure that are in the exercise of his or her professional judgment necessary and desirable.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to photography use for medical, scientific, and/or educational purposes for the appropriate portion of the face and/or body.

For purposes of advancing medical education, I consent to the admittance of observers to the procedure.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- THE ABOVE PROCEDURE TO BE UNDERTAKEN
- THERE MAY BE ALTERNATIVE PREOCEDURES OR METHODS OF TREATMENT
- THERE ARE RISKS TO THE PROCEDURE PROPOSED

-ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION.