advanced DERMATOLOGY

CONSENT-PHOTOREJUVENATION

Consent:

Consent Photorejuvenation

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 RESPONSIBILTY: 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 perform cosmetic treatments at Advanced Dermatology. 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.

Photorejuvenation: INFORMED CONSENT BOOKLET

INTRODUCTION: Photorejuvenation is a non-invasive procedure utilizing light and/or radiofrequency energy with the intent to simulate new collagen growth, help to clear abnormally dilated blood vessels and sun spots, and improve the texture and tone of the skin overall. Light (sometimes known as either intense pulsed light or laser light, depending on the piece of equipment utilized) is absorbed by aging or sun-damaged cells or enlarged blood vessels and causes their reabsorption. This takes place in multiple treatments (usually a course of 5 treatments,4-6 weeks apart) that result in a gentle process of rejuvenation over time, allowing you to lead your life normally while undergoing treatments. We use various devices for this, alone or in combination. These may include eLight (intense pulsed light with radiofrequency), Xeo OPS 600 (intense pulsed light), Limelight (intense pulsed light), VBeam Perfecta by Candela (Pulsed Dye Laser), CoolGlide Vantage® and Genesis (1064nm laser), and DermaV (Lutronic) all FDA approved devices. These light sources may be used alone or combined with each other depending on your specific condition.

Photorejuvenation can also improve the symptoms and signs of rosacea such as reducing the intensity or frequency of facial flushing, overall facial redness, dilated ("broken") blood vessels, burning sensations, facial swelling and acne breakouts. Photorejuvenation is used as a therapy however, not a cure for rosacea. It is important to stay on the other medications and skincare that your provider has recommended in order to maintain or prevent remission.

ALTERNATIVE TREATMENT: Alternatives include makeup, chemical peels, microdermabrasion, injectable fillers, wrinkle relaxers, cosmeceuticals, laser peels or resurfacing and other laser procedures.

WHO IS A GOOD CANDIDATE: Anyone who has sun damaged, aging skin or rosacea, irregularly pigmented skin, mild wrinkles, superficial acne scarring, or other skin condition that could be expected to be improved with this treatment that understands 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 this procedure if you are pregnant, have been on Accutane within 3 months, have an active cold sore, a pacemaker or internal defibrillator. If you are taking aspirin or blood thinners, you may experience some bruising that can take up to 2 weeks to resolve. If you are tanned or have recently been exposed to the sun in the area you are having treated, you may be more susceptible to potential side effects such as blisters or crusts and/or your treatment may need to be reduced in intensity or postponed until the tan fades.

RISKS: Every medical procedure involves a certain amount of risk and it is important that you understand the risks involved in Photorejuvenation.

DISCOMFORT: Some mild discomfort during the procedure likened to the snapping of a rubber band occurs. We use cold air to minimize discomfort and you may also purchase a topical anesthetic from Skinfo that needs to be applied at least 30-60 minutes prior to your treatment.

REDNESS AND SWELLING: Short-term immediate risks include prolonged redness at the area being treated, although usually this dissipates before you leave the office or within a couple of hours. Swelling can also occur and could last for a 3-7 days, on rare occasions longer.

PEPPERING/PEELING: Peeling may occur especially if there are a lot of brown spots or sun freckles on your face. Typically these spots become darker in the week following treatment and look almost like "pepper dots" on your skin. These disappear over a 2 week period, do not try to remove these from your skin. To make these resolve sooner, you can have a mild chemical peel or SonoPeel™ in the week after your treatment.

BRUISING: Bruising may occur especially if there are large vessels or many blood vessels on the face. This is temporary and usually resolves in 1-2 weeks, although uncommonly can last for longer; a staining from the bruising can occur and be permanent, although this is very unlikely. These risks do increase if you take aspirin products or other blood thinners.

SKIN WOUND, INFECTION, AND SCARRING: An open or closed skin wound may occur. Any unexpected wound, pain, redness or pus should be reported to your treatment provider promptly and may need additional treatment. Skin wounds may lead to permanent scarring, even if treated. Infection is possible with inflammation, heating or opening of the skin. Infections may lead to permanent scarring, even if treated.

HYPOPIGMENTATION AND HYPERPIGMENTATION: Changes in the pigmentation (too little or too much) of the skin may occur after treatment. Any change in color of the skin that is not expected should be reported to your treatment provider and may need additional treatment. Pigmentation changes may become permanent, even with additional treatment.

EYE DAMAGE: All lasers are dangerous to the eye. Proper eye protection is required and will be provided with all laser treatments. Failure to use proper eye protection can lead to permanent eye damage, including blindness.

MULTIPLE TREATMENTS AND MAINTENANCE TREATMENTS: On average, five treatments are usually necessary for you to achieve optimal improvement, performed every 3-4 weeks. There are no set requirements for numbers of treatments, however, only recommendations. Photorejuvenation does require maintenance, which can vary depending on the condition from once every 6-12 months. If maintenance is not undertaken in a timely manner, more than one treatment may be necessary to return to the improvement that you had when you completed her first course of Photorejuvenation.

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: 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.

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

I have read all pages contained in this document and hereby authorize the following 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, 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. to perform the following procedure: **Photorejuvenation**

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 procedures 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 photographic use for medical, scientific, and/or educational purposes for the appropriate portions 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 PROCEDURES OR METHODS OF TREATMENT
THERE ARE RISKS TO THE PROCEDURE PROPOSED
ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

I consent to the procedure and the above listed items. I am satisfied with the explanation.

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.