advanced DERMATOLOGY

CONSENT-Q-SWITCHED/REVLITE/SPECTRA

Consent:

Consent- Q-Switched

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.

Laser Treatment Spectra/RevLite/ Q-Switched Nd:YAG 1064 and 532nm
INFORMED CONSENT BOOKLET

INTRODUCTION: Laser treatments with the Spectra/RevLite/ Q-Switched Nd:YAG can help reduce the components of sun-damaged skin such as "age-spots" (also called sun freckles, liver spots, and lentigines) or accomplish tattoo removal. Lasers are machines that produce a beam of light that has a specific biological target. Some lasers target blood vessels and are absorbed by these. Some lasers target pigment, so hair follicles, "age spots" or tattoos absorb these. The target that absorbs the light converts it to heat and is modified or removed. We use the Spectra, RevLite, or Q-Switched Nd:YAG laser (1064nm and 532nm) for the treatment of the following conditions: tattoos and benign pigmented lesions and/ or melasma.

ALTERNATIVE TREATMENT: Depending on the target (tattoos or benign lesions) alternatives may include makeup, chemical peels, microdermabrasion, photorejuvenation, cosmeceuticals, laser peels or resurfacing and other laser procedures.

WHO IS A GOOD CANDIDATE: Anyone who has unwanted tattoos or benign pigmented lesions, 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: If you are pregnant, have been on Accutane within 6 months, have an active cold sore, or have a history of keloid scarring, you should not have this procedure. 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. If you have any active infection of Herpes Simplex (cold sores) in the treatment area, we recommend postponing treatment due to risk of spread.

Patients who have had prior treatment with parenteral gold therapy (gold sodium thiomalate) should not be treated. These patients may develop localized chrysiasis discoloration that occurs in sun-exposed sites of some patients who are on gold therapy. The skin discoloration can persist long-term and be very traumatic to the patient. Gold salts are prescribed for some patients with rheumatoid or other arthritic conditions.

RISKS: Every medical procedure involves a certain amount of risk and it is important that you understand the risks involved in Spectra/RevLite/Q-Switched Laser Treatment.

DISCOMFORT: Some discomfort during the procedure likened to the snapping of a rubber band occurs. Most people find this to be mild and tolerable. We use cold air to minimize any discomfort but you may also purchase a topical anesthetic from Skinfo® that needs to be applied at least 30-60 minutes prior to your treatment. For Tattoos, we will often inject local anesthetic prior to the procedure to minimize discomfort.

REDNESS/SWELLING/SCABBING: After treatment the area will develop a crust or scab that will persist for the better part of 2 weeks. Occasionally discomfort persists for a few days although this is uncommon. Prolonged pain or development of increasing pain or discharge should be a cause for concern and you should contact our office immediately at 847-459-6400.

PEELING: Peeling may occur especially if there are a lot of brown spots or sun freckles on your face. Some spots will scab when removing benign pigmented lesions. These disappear over a 2-3 week period. Do not pick or exfoliate at these spots. You may apply makeup over these, but it is important that you do not try to remove these from your skin.

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: Most people require on average one to three treatments for pigment reduction, and on average 3-10 treatments for tattoo reduction, performed every 4-8 weeks but occasionally more may be necessary. There are no set requirements for numbers of treatments, however, only recommendations. New lesions may appear over time; therefore, more treatments may be needed if reduction is desired.

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.

CONSENT FOR PROCEDURE

I have read all pages contained in this document and hereby authorize the following providers: 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:**Spectra/ RevLite/ Q-Switched Nd:YAG 1064 and 532nm Laser Treatment**

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.