CONSENT-XTRAC

Consent:

XTRAC Consent INFORMED CONSENT INTRODUCTION

Thank you for choosing Advanced Dermatology for your UV light treatment.

UV light treatments 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 indicate 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 major insurance companies and Medicare provide coverage for the XTRAC laser treatments. Coverage may need pre-approval and we are available to work with you and your insurance company to establish coverage.

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 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.

Xtrac: INFORMED CONSENT BOOKLET

INTRODUCTION: UVB (Ultraviolet B) light is the most common form of phototherapy used to treat various skin diseases. The XTRAC system uses focused ultraviolet light designed to treat psoriatic skin plaques, atopic dermatitis, and to re-pigment vitiligo. Because it concentrates light on active skin lesions, XTRAC allows your provider to deliver the high therapeutic doses necessary for rapid clearing without risk to healthy skin. This takes place over multiple treatments. You will be exposed to this intense UVB light during each laser treatment session. While this treatment is not a cure, it has been proven to effectively improve the signs, symptom, and appearance of your skin condition.

Patients have used this form of therapy successfully for many years and are often able to achieve remission over extended periods of time.
Most patients will begin to notice improvement in their psoriasis and vitiligo within 3 or 4 treatments. Significant improvement is often seen in 6 to 10 treatments, with clearance in 10 to 20 treatments. Individual results will vary and treatments are done 2-3 times per week. Patients with vitiligo may find they need additional treatments. Not all patients will clear completely.

The expected benefits of excimer laser phototherapy are:
- Improvement of existing lesions or tissue pigmentation.
- Quick resolution of new lesions.
- Only the affected tissue is treated, laeving healthy skin unexposed to UV light.

ALTERNATIVE TREATMENT: Alternatives include topical medications (i.e. topical steroids or steroid-sparing agents), biologic agents (i.e. Enbrel, Humira or Stelara) or full-body UVB treatments.

WHO IS A GOOD CANDIDATE: Almost all patients with plaque psoriasis, vitiligo, or atopic dermatitis that could expect 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 treatment if you have an active infection or have been on Accutane within 3 months. DR TAUB-ANY ADDITIONAL PT'S WHO ARE NOT GOOD CANDIDATES?

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

DISCOMFORT AND REDNESS: Some mild discomfort and redness likened to a mild sunburn can occur up to 24 hours after the procedure. Occasionally this can last beyond 24 hours.

SKIN WOUND, INFECTION, AND SCARRING: Blistering or 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 patients will begin to notice improvement in their psoriasis within 3 or 4 treatments. Significant improvement is often seen in 6 to 10 treatments, with clearance in 10 to 20 treatments. There are no set requirements for numbers of treatments, however, only recommendations. Xtrac does require maintenance, which can vary depending on the condition. Each patient is unique, but psoriasis sufferers who have experienced the XTRAC Therapy have found that relief can last for extended periods of time, typically 4 to 6 months.

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: Xtrac

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.

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.