[PRACTICE LOGO]

[PRACTICE ADDRESS]

PHOTO DYNAMIC SKIN REJUVENATION

INFORMED CONSENT FORM

This form is intended to provide you with the information needed to make an informed choice on whether or not to undergo Photo Dynamic Skin rejuvenation therapy. If you have any questions, please do not hesitate to ask us.

What is Photo Dynamic Skin rejuvenation therapy?
Photo Dynamic Skin rejuvenation therapy is a non-invasive treatment which utilizes Intense Pulse Light (IPL), and Blue Light or Red Light, in combination with a light micro dermabrasion and the use of Levulan. Levulan or aminolevulinic acid is a photosensitizer that has been used and is FDA approved for the treatment of precancerous lesions, also known as actinic keratosis. In this case, Levulan is used in conjunction with the intense pulse light and Blue Light to treat precancerous and potentially evolving skin cancers as well as improve the signs of skin aging and sun damage.

What are the possible side effects of this treatment?
The most common side effects of this type of procedure are:

1. Pain	Some people feel some minor discomfort during treatment. Patients typically report feeling a very short sting at the treated area. The discomfort may range from minimal to moderate, but does not last long. A topical anesthetic may be required for some people.
2. Healing Wound	Redness and scaling may occur for 2 to 3 days following the treatment. However, in some cases significant redness and scaling may last for up to 1 to 2 weeks. Rarely a crust or blister can occur. This may take 5-10 days to heal.
3. Pigment Changes	The treated area may heal with increased pigmentation or color. This hyperpigmentation occurs most often with darker skin types or when the treated area has been exposed to the sun. It is very important to protect the treated area from exposure to the sun during the course of treatment and for three months following the treatment. In some people, hyperpigmentation occurs in spite of protection from the sun. The hyperpigmentation usually fades in three to six months, though sometimes the pigment change is permanent.
4. Scarring	There is a very small chance of scarring. This could include enlarged scars known as hypertrophic scars or abnormal, heavy raised scar formations called keloid scars. To reduce the chances of scarring, it is important to follow all post operative instructions carefully.

5. Excessive Swelling	Immediately after treatment, especially when the cheeks or nose have been treated, the skin may swell. This is a temporary condition and it is not harmful. The swelling usually subsides in three to seven days and requires frequent applications of ice. In some cases, there may be significant redness, swelling and scaling for up to one to two weeks.
6. Fragile Skin	The skin in or near the treatment area may become fragile. The area should not be rubbed as this activity could cause tearing of the skin. Make-up should not be applied to the treated area while the fragile skin condition exists.
7. Bruising	The procedure may cause a blue-purple bruise in the area of treatment. This bruise usually lasts five to fifteen days. As the bruise fades, there may be rust-brown discoloration of the skin. This discoloration usually takes 1-3 months to fade away.
8. Temporary Cross-Hatching	Early on in the treatments, when areas are not completely treated, one may experience lighter areas surrounded by darker areas, commonly called "cross-hatching." This result is temporary and often very minimal.
9. Photosensitization	Levulan application will cause sensitivity to the sun for up to 48 to 72 hours. Therefore, a physical sunblock should be used during this time. Complete avoidance of the sun is, however, preferable.

Are my results guaranteed?

No. Five treatments are recommended for most patients; however, some patients may require additional sessions. Also, some patients may be resistant to treatment and therefore optimal results may not include complete clearing of sun damage, veins or brown spots. Most patients do experience improvement of veins and brown spots, however results may be not be permanent. Tightening may or may not occur may take up to six months.

What are the alternatives to Photo Dynamic Skin rejuvenation therapy?

There are several alternative treatments to Photo Dynamic Skin rejuvenation therapy. These include: Cryotherapy or Trichloroacetic acid solution for the treatment of actinic keratosis; Pulse dye laser for blood vessels and port wine stains; Ruby laser for brown spots; CoolTouch laser for wrinkles, acne scarring and tightening; Fraxel laser for wrinkles, acne scarring , and tightening; and CO_2 and Erbium laser for wrinkles and tightening.

What are the potential benefits of this treatment?

The most obvious potential benefit is the reduction in the precancerous lesions as well as the overall sun damage and the potential reduction in future skin cancers. In addition, tightening and lightening of the overall appearance of the area treated may also be observed.

Whom should I call if I have any questions or problems?

You should call Dr. _____.

IMPORTANT INFORMATION AND CONSENT

I certify that I have read and fully understand the above consent and the explanations concerning the above items that were made to me. I recognize that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees or assurances have been made to me concerning the results of such procedures.

I hereby authorize the taking of photographs and/or videotape by Dr. _____., or his representative, with the full understanding that such photographs and/or videotapes may be used for publication, for education, for research purposes, for advertising purposes or in the event of legal action. I hereby transfer and assign to Dr. _____ the exclusive right to use and authorize others to use all or any part of such photographs and/or videotapes for any educational purpose, any advertising purpose, to copy the material onto all other formats and media, and the right to broadcast the program over any television station.

This authorization is considered part of the Privacy Health Care Notice provided to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This authorization will remain in effect until we receive written notification to terminate agreement signed and dated by the patient.

CONSENT

This office is Regulated to 64B8-9.009 Standard of Care for Office Surgery, and Such Notice is Prominently Posted.

By signing below, I acknowledge that I have read the foregoing informed consent regarding using Levulan, the Intense Pulse Light and other lights or laser and I feel that the doctor has adequately informed me regarding the risks of laser surgery, alternative methods of treatment, and the fact that this treatment is not medically necessary. I hereby give consent for Levulan application, Intense Pulse Light and other lights or laser treatment to be performed by Dr. _____or any physician or physician assistant.

Date: _____

_____ _____

PATIENT'S SIGNATURE Patient's representative (if patient is a minor, signature of parent or guardian required)

_____ _____

WITNESS **RELATIONSHIP TO PATIENT**