

WHALEN

DERMATOLOGY of Pittsburgh

I _____ date of birth _____ acknowledge and authorize Whalen Dermatology to perform pulsed light cosmetic skin treatments on me, including, but not limited to, the treatment of pigmented lesions (for example, sun spots, age spots, and other skin discolorations), vascular lesions (for example, red spots, leg veins and small spider veins, but not varicose veins), and photo damaged skin. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

The Riple IPL/SHR is a pulsed-light system with radio frequency that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, hemoglobin in the blood or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including me, must wear protective eyewear to prevent eye damage from this light energy.

The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat.

The treated area may be red and swollen for two to twenty-four (2-24) hours or longer. Cooling the area after the treatment (for example, ice packs, topical gels) may help reduce discomfort and swelling.

Common side effects include temporary redness (erythema) or mild "sunburn"-like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. There also is a risk of resulting unsatisfactory appearance and failure to achieve the desired result.

Pigmented changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently is unlikely to occur. Freckles may temporarily or permanently disappear in treated areas.

Serious complications are extremely rare but possible, such as, scarring, skin loss, and allergic reaction to medications or materials used during the procedure.

I understand and accept that with skin resurfacing treatments, there may be an increased length of social downtime associated with the level of treatment up to 2 weeks. There also is a change of additional side effects like blanching and significant redness.

There is no guarantee that the expected or anticipated results will be achieved.

Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sun block (SPF > 45 recommended) after treatment.

There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth than before.

I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment.

Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

I have no sun-tanned skin in the treatment area (and no "spray" or "fake" tanner or bronzer). I have avoided intense sun exposure for 6 weeks prior to treatment.

I am not pregnant.

I have no history of seizures or sensitivity to flashing light.

I have none of the following medical conditions that could worsen/flare with light treatments or radiofrequency such as:

- Pacemaker or defibrillator (no radiofrequency)
- Lupus (no IPL/hair removal)
- Dermatomyositis (no IPL/hair removal)
- Porphyria (no IPL/hair removal)

I am not taking or using any of the following medications for the last 2-4 weeks:

- Oral antibiotics such as: doxycycline, minocycline, tetracycline; erythromycin, ciprofloxacin, levofloxacin, dapson, bactrim
- Acne treatments such as: isotretinoin, Accutane
- Antiaging or acne topical serums/creams like tretinoin, Retin-A, Altreno, retinol or vitamin C
- Methotrexate, Plaquenil (hydroxychloroquine), terbinafine
- Hydrochlorothiazide (a blood pressure medication)
- Anticoagulants such as aspirin, NSAIDs (ibuprofen, Motrin, Aleve, Advil, Excedrin)
- High dose vitamin such as vitamin E, vitamin C, omega 3's or fish oil (multivitamin is ok)
- Prescription anticoagulants such as Xarelto; Coumadin; heparin; Plavix

I do not have a history of herpes or "cold sores"/"fever blisters" at/near treatment site (or if you do: I have started an oral antiviral prescription medication at least > 1 day prior to treatment and will keep taking for 3-5 days following) for example: this could be Valtrex/valacyclovir at 500 mg 1-3 x a day typically for 5 days.

Today I have clean (recently gently washed) skin in the treatment area (i.e. no makeup, sunscreen, lotion, cream, deodorant, etc.).

For hair removal: I shaved within the last 24 hours (i.e. less than 1 mm to root).

Previously, I was informed that I could purchase LMX 4 cream and apply a thin layer to the specific treatment area no sooner than 30 minutes prior to appointment; to minimize discomfort. Ice will also be offered before and after.

I will minimize trauma to the treatment area for the following 1-2 weeks - not shaving or exfoliating the area. I will bandage if necessary and apply Vaseline or Polysporin or dilute honey regularly to encourage healing of the skin.

CONSENT FOR RIPLE (INTENSE PULSED LIGHT) TREATMENT, CONTINUED I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission. Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risk, and alternative treatment options have been explained to my satisfaction.

I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.

I freely consent to the proposed treatment today as well as for future treatments as needed.

Signature: _____ Date: _____

Jason G. Whalen, MD | Gretchen Kreizenbeck, MD,
Katie O'Brien, MPAS, PA-C, | Rachel A. Limpert, CRNP

160 Millers Run Rd. | Suite 500 | Bridgeville, PA 15017 | 412.564.5444 | Fax: 412.564.5478 | whalenderm.com