

Informed Consent for Photorejuvenation (Intense Pulsed Light Therapy)

Timothy Roham DO

Patient Name _____

Date of Birth _____

I hereby authorize and direct Dr Roham to perform photorejuvenation. Intense Pulse Light (IPL) produces an intense but gentle burst of light that heats the targeted skin instantaneously. The light is absorbed by broken blood vessels and/or by abnormal pigmentation where it is converted to heat energy, which then alters the abnormal vessels and or pigment. The end result is a decrease in fine blood vessels and in uneven pigmentation, and can potentially generate new collagen in the skin. Several treatments over a period of several months have been shown to improve skin texture, reduce erythema (redness), improve rosacea, decrease pigmentation/brown spots, firm the skin, and improve the overall complexion.

I hereby confirm I had a discussion with Dr. Roham and/or his assistants regarding pulsed light therapy and its benefits and consequences. My indication for this procedure is: _____

I will wear protective eye goggles to prevent any eye damage from pulsed light.

The following have been discussed with me:

- . The potential benefits of the proposed procedure.
- . The possible alternative procedures and the probability of success.
- . The reasonably anticipated consequences if the procedure is not performed.
- . The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, scarring, blistering and pigmentary changes.
- . Photographs will be taken and may be used for educational purposes.
- . Post treatment instructions. Please call our office (949) 248-1900 about any concerns as soon as possible.

I am aware of the following possible experiences/risks:

- . DISCOMFORT- A mild pain may be experienced during treatment.
- . WOUND HEALING- While not expected, some swelling or blistering of the treated area may occur. Skin infection is a rare possibility whenever a skin procedure is performed.
- . POST TREATMENT-typically, pigmented areas will darken and crusting or flaking may occur for 1 to 3 weeks after treatment.
- . PIGMENT CHANGES (Skin Color) – There is a slight possibility that the treated area may become either hypo pigmented (lighter), or hyper pigmented (darker), in color compared to the surrounding skin.

- . SCARRING- Scarring is a rare occurrence, but it is a possibility if the skins surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions carefully.
- . EYE EXPOSURE- Protective eyewear (shields) will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental pulsed light exposure.
- . TREATMENTS- The number of treatments may vary. The number of treatments needed to clear your condition is unknown.

ACKNOWLEDGEMENT

I UNDERSTAND THAT PAYMENTS FOR THIS PROCEDURE ARE NON-REFUNDABLE.

BY SIGNING BELOW, I ACKNOWLEDGE THT I HAVE READ THE FOREGOING INFORMED CONSENT FORM AND THT THE DOCTOR AND/ OR HIS REPRESENTATIVE HAVE ADEQUATELY INFORMED ME OF THE RISKS OF THIS TREATMENT AND ALTERNATIVE METHODS OF TREATMENT, AND I HEREBY CONSENT TO BE TREATED.

DATE_____ Patients Signature_____