

# **PHOTOREJUVENATION**

Photorejuvenation is a treatment breakthrough that can treat a variety of benign skin conditions. The **Quantum SR** employs an Intense Pulsed Light to treat conditions such as redness, rosacea, brown spots, fine lines, broken capillaries, and small blood vessels. This is a safe, non-invasive procedure.

A cold gel is applied and the chilled tip of the **Quantum SR** is gently placed on the skin. The gel and chilled tip help to reduce discomfort. In addition an anesthetic cream may be applied. You may feel a slight sting, like the snapping of a rubber band. There may also be some slight burning for about an hour.

Most conditions require multiple treatments. By dividing the full program into several treatment, the procedure provides gradual improvement and “No Downtime”. You can return to work the same day and resume all regular activities.

Short term side effects may occur. These include reddening, mild burning, temporary bruising, temporary hypo- or hyperpigmentation of the skin. Rare side effects include blister formation, discoloration of the skin, and scarring.

For the best results it is important to follow the post treatment instructions. In particular, sun exposure should be avoided and sun screen should be applied.

PHOTOREJUVENATION

PRETREATMENT QUESTIONNAIRE

Name: \_\_\_\_\_

1. Who is your primary care physician? \_\_\_\_\_

2. Who is your Dermatologist? \_\_\_\_\_

3. List any medical conditions we should be aware of:

\_\_\_\_\_

4. Are you diabetic? \_\_\_yes \_\_\_no

5. List all medications you are currently taking including over the counter medication:

\_\_\_\_\_

6. If you are taking any of the following medications - please circle:

Accutane	Aspirin	Tetracycline
Retin A	Ibuprofen	Topical Cortisone

7. Which phrase best describes your skin type?

- \_\_\_ I - always burns, never tans
- \_\_\_ II - always burns, sometimes tans
- \_\_\_ III - sometimes burns, always tans
- \_\_\_ IV - rarely burns, always tans
- \_\_\_ V - moderately pigmented (Hispanic, Asian, Mediterranean, Middle Eastern)
- \_\_\_ VI - African American

8. When were you last exposed to the sun (including tanning booths)? \_\_\_\_\_

9. Do you use sunless tanning lotions? \_\_\_yes \_\_\_no When was it last applied? \_\_\_\_\_

10. Are you pregnant? \_\_\_yes \_\_\_no

## FOTO FACIAL Informed Consent

The Quantum SR is an intense pulsed light device used for the treatment of benign vascular and pigmented lesions. The purpose of the Photo Facial procedure is to improve the appearance of the skin. Redness, rosacea, sun damage, irregular pigmentation, and fine lines can be improved with Photo Facial treatments. The light wavelength, exposure duration and energy level are chosen to selectively damage targeted blood vessels and irregular pigmentation with minimal damage to the surrounding tissues. The intense pulsed light energy is absorbed by the blood vessels, resulting in their heating. This damages the blood vessels, rendering the lesion invisible. The body then absorbs these damaged vessels. Photo Facial treatments are a series of 3 to 5 treatments at 3 week intervals with gradual clearing occurring over this time. Clinical results may vary from patient to patient.

Alternate treatments such as laser, microdermabrasion, chemical peels, Thermage, and surgery are available.

I understand that there is a possibility of rare side effects such as scarring, blister formations and skin discoloration, as well as short-term side effects such as reddening, mild burning, temporary bruising, temporary discoloration or the skin, and temporary hypo- or hyperpigmentation. These side effects have all been fully explained to me. \_\_\_\_\_

I understand my responsibility of properly fulfilling the appropriate after-care instructions as explained by the doctor and/or the doctor's staff.

Pre-treatment and post-treatment photographs will be obtained. I agree that any photographs taken may be used for medical publication or teaching purposes for medical, paramedical or lay persons. I understand that the release of this information will be kept confidential and that my name will not be released. \_\_\_\_\_

Multiple treatments (usually 3 - 5) are needed to achieve the desired result. Each treatment is priced separately. Due to the nature of this treatment, an exact result cannot be predicted and I acknowledge that no guarantees have been made to me as to the results that may be obtained. \_\_\_\_\_

I certify that I have read this entire consent form that all of my questions have been answered, and I understand and agree to the information provided above. I consent to and authorize Dr. Joseph Bianca and members of his staff to perform Foto Facial treatments.

\_\_\_\_\_  
Patient Signature or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date