

PRE-TREATMENT INSTRUCTIONS

Fractional Laser - 1540

1. An accurate diagnosis by a physician is necessary before any treatment.
2. If you have a history of diabetes, herpes, blood coagulation disorders, keloid or hypertrophic scarring be sure you have discussed your medical history with the doctor.
3. Discontinue sun tanning, use of tanning beds and any application of sunless tanning products one month (4 weeks) before your first treatment and throughout the treatment course.
4. Discontinue the use of exfoliating products, retinoids, glycolics and alpha-hydroxy acid products 1 week prior to and during the entire treatment course. Discontinue use of over-the-counter medications like Aspirin, Ibuprofen, Vitamin E and fish oil for two weeks prior to procedure to decrease the risk of bleeding and bruising. Discontinue alcohol one day prior to procedure.
5. Claritin may be taken before procedure to decrease histamine/swelling response associated with the procedure. Benadryl may be taken night of procedure to help with swelling.
6. You will need to purchase brand new skin care products for use 3-4 days after your treatment. These include a mild facial cleanser, a high quality sunblock (zinc or titanium dioxide of greater than 10%) and makeup or foundation if you use it. You will also need to clean or get new application sponges or brushes. The most common reason for infection or acne eruption is use of home products that have accumulated bacteria.
7. On the day of treatment, please come to the office with clean skin, the treatment area free of any makeup, creams, perfumes and lotions; except your sunscreen!
8. Do not have this treatment if there is a possibility that you may be pregnant.
9. If you have a history of herpes outbreaks in the areas being treated, let us know. We recommend that you take Lysine 500mg daily for one week before the treatment and increase to 2 capsules 3x/day for 5 days if you have a flare up. We can also prescribe medications for prevention of severe herpes outbreaks during your treatment, like Valtrex or Famvir.
10. A topical herbal anti-inflammatory like Florosone (Dr. Traub or Health Food Store) can be used if you experience redness or burning. For severe discomfort, a pain reliever such as ibuprofen or acetaminophen can be used. If open areas occur or if you inadvertently pick at a lesion, an antibiotic ointment may also be needed, like Bacitracin.

Please call if you have any questions prior to or after your treatment.



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POST TREATMENT INSTRUCTIONS

Intense Pulsed Light (IPL)

Hair Removal

1. A mild sunburn-like sensation is expected. This usually lasts 5-10 minutes but can persist up to 24 hours, individuals may vary. Mild swelling, tenderness and/or redness may accompany this, but it usually resolves in 2-3 days.
2. Apply ice/gel packs, frozen peas or corn to the treated area for 10-15 minutes every hour for the next four hours as needed. For mild reactions, a topical herbal anti-inflammatory Florosone (Dr. Traub or Health Food store) can be used. For more intense reactions, an oral, non-steroidal anti-inflammatory, such as acetaminophen or ibuprofen may be taken to reduce discomfort, use according to the manufacturer's instructions.
3. In rare cases, prolonged redness or blistering may occur. An antibiotic ointment (Polysporin, Bacitracin) may be applied to the affected areas twice a day until healed or Herbal Ed's Salve (Dr. Traub or Health Food store) can be used.
4. Bathe or shower as usual. Treated areas may be temperature-sensitive. Cool showers or baths will offer relief. Avoid scrubbing, use of exfoliants, scrub brushes and loofah sponges until the treatment area has returned to its pre-treatment condition.
5. Apply an SPF 30 sunscreen or greater to prevent skin color change.
6. For dry and itchy skin, apply a moisturizer twice a day until resolved.
7. The appearance of hair growth or stubble will continue for 7-30 days post-treatment. This is not new hair growth but the treated hairs being expelled from the skin. Hairs that were in the 'resting phase' of growth at the time of your treatment will enter the active phase in 1-2 months, depending on the body area.
8. Clients with facial Hirsutism who have been diagnosed with Polycystic Ovary Disease (POD) and/or ovarian hyperandrogenism, and some clients of Middle Eastern and Mediterranean descent could experience paradoxical (extra) hair growth in adjacent untreated areas.
9. Six treatments are needed to achieve the desired results. Follow up treatment intervals:
Back: 8-10 weeks, Face: 2-4 weeks, Arms/underarms: 4-6 weeks,
Bikini: 4-6 weeks, Legs: 8-10 weeks.
10. Do not pick or remove scabs or crusting should they appear.
11. Clipping and shaving is permitted during treatment course.

Until the redness has completely resolved, **avoid** all of the following:

- ◇ Applying cosmetics to the treated area
- ◇ Swimming, especially in pools with chemicals, such as chlorine
- ◇ Ocean swimming and Hot Tubs/Jacuzzis
- ◇ Excessive perspiration or irritation to the treated area
- ◇ Sun exposure to the treated areas - to prevent skin color change.



CONSENT

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I authorize the office of Dr. Monica Scheel and/or a practitioner, operating under her guidance, to perform laser/light treatments on me, including, but not limited to, treatment of wrinkles, acne scarring, fine lines, pigmented and vascular lesions. I understand this is a purely elective procedure, that results may vary with each individual, and that multiple treatments may be necessary. _____ (initial)

I understand that there is a possibility of rare side effects, such as scarring, permanent discoloration, as well as short-term effects such as reddening, mild burning, temporary bruising and discoloration of the skin. These effects have been fully explained to me. _____

Based on our experience and the experience of many other physicians, we have found those people who tend to sunburn rather than tan usually obtain good results. On the other hand, those who tan more easily tend to have greater variation in their results. Some patients in this category will experience partial improvement, while others will have minimal results. _____

I also understand that there are other options for treatment available and each of these other treatments has been fully explained to me. _____

I consent to photographs being taken to evaluate treatment effectiveness, for medical education and training. No photographs revealing my identity will be used publicly without my written consent. _____

I understand that the treatment involves payment at the time of service and the fee structure has been fully explained to me. I understand that no insurance companies will reimburse for these cosmetic procedures. _____

For women of childbearing age: By signing below I indicate that I am **NOT** pregnant. Furthermore, I agree to keep Dr. Scheel and staff informed should I become pregnant during the course of treatment. _____

- ◇ Serious complications are rare but possible.
- ◇ Common side effects include temporary redness and mild sunburn-like effects that may last from a few hours to a few days. The treated area may remain red and swollen for 2-72 hours. Rarely, veins and vascular areas may initially appear dark red to purple in color.
- ◇ Pigment changes, including hypo-pigmentation (lightening of the skin) or hyper-pigmentation (darkening of the skin) lasting from 1-6 months or longer may occur, especially if you are not compliant with sun protection during the therapy.
- ◇ Freckles may temporarily or permanently disappear in a treated area.
- ◇ Other potential risks include crusting, itching, pain, bruising, burns, infection, scabbing, scarring, swelling and failure to achieve the desired results.
- ◇ Laser light could cause serious eye injury; protective eyewear must be worn during treatment.
- ◇ I understand that sun or tanning lamp exposure, and not adhering to the post-care instructions may increase the chance of complications, may increase healing time, and decrease obtaining optimal results.

Before and after treatment instructions have been discussed with me. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all of my questions answered. I freely consent to the proposed treatment.

Patient's signature _____ Date _____

Printed name _____ Witness _____

