

SmartXide DOT Therapy Consent Form

Patient name _____

Treatment sites _____

I duly authorize _____ to use the SmartXide DOT laser system to perform DOT Therapy ablative skin resurfacing and any post treatment medical requirements that may be necessary.

I understand that the SmartXide DOT Therapy is a procedure performed with a laser device designed for ablative skin resurfacing and that clinical results may vary in different skin types. I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

Clinical results may vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that SmartXide DOT Therapy may involve a series of treatments and the fee structure has been fully explained to me.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I am not pregnant at this time, and that I have not taken Accutane within the last 6 months. I do not have a pacemaker or internal defibrillator. I also have completed a medical history checklist and been informed about what I must do and "not do" before, during and after the procedure.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature _____

Date _____

Witness _____

DOT CO2 Therapy PRE-CARE Guidelines

- Patient history should be taken including evaluation of incompatible medications such as the use of anticoagulants.
- There are no known contraindications for the use of the SmartXide system, apart from general contraindications as in standard surgery such as a clinical condition that would inhibit wound healing or skin cancer in the area being treated.
- History of Acctwane use within the last 12 months needs to be evaluated.
- Patients with a history of Herpes Simplex may be prescribed prophylactic drugs prior to treatment.
- Sun and UV lamp exposure should be avoided for one month prior to treatment. Daily use of sun block SPF 30 + is recommended before and after treatment.
- Topical anesthesia is usually applied one hour prior to treatment.
- Facial nerve blocks, oral analgesics and anti-anxiety agents may be considered for certain patients.
- Forced air-cooling devices may also be used to reduce discomfort prior to and after treatment.
- Remove all topical analgesic agents, cleanses and dry treatment area prior to treatment.
- Moist towels should be used around the face to avoid lasering the hairline.
- The patient must wear protective eye shields. Metal goggles or occlusive shields that have been tested for a 10,600 nm wavelength laser can be used.
- Intraocular metal eye shields must be worn when treating within the boney orbit of the eye. Caution should be taken to avoid any topical anesthetic or other agents from entering the eye.
- Intraocular shields should be sterilize prior to use, other agents to be considered:
 - Lubricating eye drops
 - Anesthetic Ophthalmic drops
 - Sterile ophthalmic ointment

DOT CO2 Therapy POST-CARE Guidelines

- Patients should apply an occlusive ointment or intense moisturizer to prevent direct contact between the treated tissue and the air during the healing process. The use of an occlusive ointment improves patient comfort, and reduces the sensation of pain and burning by preventing air from contacting the treated region. After healing is completed an intense moisturizer may be used.
- Patient may apply cool compresses immediately after treatment. Some patients report a “hot” feeling, which lasts a few hours to a few days.
- Patient can gently wash area with tepid water and a gentle cleanser 3 times a day starting the morning after your treatment. Then immediately re-apply occlusive ointment or moisturizer for at least 4 days.
- Vinegar soaks may be applied to reduce burning sensation and reduce possibility of infection.
 - Mix 1 tablespoon white vinegar with 1 pint of warm water;
Wetted a soft cloth or gauze, soak treatment site for 15 minutes with dilute vinegar solution.
- Patient can gently wash area with tepid water and a gentle cleanser 3 times a day starting the morning after your treatment. Then immediately re-apply occlusive ointment or intense moisturizer for at least 4 days.
- Patient may shower the next day, but avoid hot water/steam on treated area.
- Avoid “picking at” and aggressive scrubbing of the exfoliating skin -- allow it to gently exfoliate during the washing process.
- Sleeping with head elevated on pillows (head above heart) the first few nights post treatment can help minimize swelling.
- Avoid direct sun exposure. Apply sun block SPF 30+, when skin has healed. Sunscreen with titanium oxide, zinc oxide provides broader protection.
- Wear a protective hat or visor the first 2 weeks while outdoors.
- Environmental effects on treated skin:
 - Avoid dirty, dusty environments, hairsprays, perfumes while skin is healing
- Avoid topical exfoliation for 4 weeks.
- May use mineral make-up day 2 or 3 for lighter density or after skin is healed for higher density treatments.