

IPL Skin Rejuvenation & PIXEL Erbium Clinical Treatment Forms

- **Medical History Form**
- **IPL Skin Rejuvenation Consent Form**
- **Pixel Consent Form**
- **Pixel Consideration & Post Care**
- **Vascular/Pigmented Lesions Disclosure & Consent**
- **Post Laser/Light Treatment Care**
- **Harmony Skin Rejuvenation Consultation**
- **Pt. FAQ's Harmony Skin Rejuvenation**
- **Fitzpatrick Skin Types**

Sample Medical History

Name _____

Address _____

Home Phone _____ Business Phone _____

Age _____ Referred by _____

Have you ever had the following?

- Current or history of cancer, especially malignant melanoma or recurrent non-melanoma skin cancer, or pre-cancerous lesions such as multiple dysplastic nevi.
- Any active infection.
- Diseases which may be stimulated by light at 515 nm to 1200 nm, such as history of recurrent Herpes Simplex, Systemic Lupus Erythematosus, or Porphyria.
- Use of photosensitive medication and/or herbs that may cause sensitivity to 515 - 1200 nm light exposure, such as Isotretinoin, tetracycline, or St. John's Wort.
- Immunosuppressive diseases, including AIDS and HIV infection, or use of immunosuppressive medications.
- Patient history of Hormonal or endocrine disorders, such as polycystic ovary syndrome or diabetes, unless under control.
- History of bleeding coagulopathies, or use of anticoagulants
- History of keloid scarring.
- Very dry skin.
- Exposure to sun or artificial tanning during the 3–4 weeks prior to treatment.

Are you pregnant? _____

What medications are you taking (including aspirin)? _____

Daily consumption of alcohol _____

Allergies: _____

Are you taking any herbal preparations? (St. John's Wort, etc.) _____

If yes, list _____

Do you wear contact lenses? _____

Skin type (when exposed to the sun **without protection** for about 1 hour)

- always burns, never tans _____
- always burns, sometimes tans _____
- sometimes burns, sometimes tans _____
- always tans _____
- Hispanic, Asian, Mediterranean, Middle Eastern _____
- Black _____

When were you last exposed to the sun (including tanning booth)? _____

Do you use chemical sun tanning lotions? _____

Are you In-service a holiday in the sun? _____

Reason for visit (area to be treated) _____

Prior treatment (if any) _____

Harmony Skin Rejuvenation Consent Form

Patient name _____

Treatment sites _____

I duly authorize _____ to perform the Harmony Skin Rejuvenation procedure and any other measures which in their opinion may be necessary.

I understand that the Harmony is a device used for skin rejuvenation 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 _____ (patient's initials)

Clinical results may vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that treatment by the Harmony Skin Rejuvenation system involves a series of treatments and the fee structure has been fully explained to me _____ (patient's initials)

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 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 _____

Harmony Pixel Consent Form

Patient name _____

Treatment sites _____

I duly authorize _____ to use the Harmony Pixel 2940nm Er:Yag system to perform fractional ablative skin resurfacing and any post treatment medical requirements that may be necessary.

I understand that the Harmony Pixel is a laser device designed for fractional ablative skin resurfacing and that clinical result 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 _____ (patient's initials)

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 treatment by the Harmony Pixel 2940nm Er:Yag system involves a series of treatments and the fee structure has been fully explained to me _____ (patient's initials)

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 series of treatments.

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 _____

Pixel Treatment Consideration

1. **Indications:** Skin resurfacing, scars- acne & full thickness, stretchmarks, enlarged pores, rough skin textured, hyperpigmentation, fine lines and wrinkles.
2. **Anesthesia:** There is no pain associated with a conservative or aggressive treatment. Therefore, no dyes or topical anesthetics are needed. During and post treatment cooling with the Zimmer Cryo 5 is used to minimize redness and sun burn feeling.
3. **Size of Pixel:** 7 x 7 tip for more aggressive and stacking treatments on scars, etc. 9x9 tip for periorbital, full passes and less aggressive treatments.
4. **Depth of penetration:** 20-50 microns ablation plus 75 microns thermal injury zones on single passes. Up to 150 microns on triple stacking.
5. **Fluence on skin:** conservative 600-800, moderate 1000, aggressive up to 1400 mj/pulse.
6. **Number of passes:** conservative 1, moderate 2, aggressive 3 passes plus stacking. When doing multiple passes, change direction- i.e. one pass horizontal and one pass vertical.
7. **Stacking on problem areas:** 2-3 pulses in the exact same place.
8. **Time for full face treatment:** 5-20 minutes.
9. **Treatment areas:** face, neck, chest, hands and body scars.
10. **Down time on first treatment:** redness and sun burn feeling for a couple hours or up to 2 days if aggressive. Pale (conservative) to dark brown (aggressive) pixel pattern and leathery feeling on days 3-5 with flaking. Swelling in aggressively treated areas through day 5. Full recovery by days 5-7. Down time is decreased with subsequent treatments. Since this is an Erbium, patients with more moisture in their skin experience more redness and sensation and greater results in fewer treatments. Therefore, a patient with dry skin may require more treatments.
11. **Number of sessions:** 3 for aggressive to 5 for conservative treatments at 2-4 weeks apart. Results will continue to improve once treatments are complete over 6 months.
12. **Post treatment care:** Immediately after treatment, apply wound healing product such as Humatrix or Biafine and cool with Zimmer. Send patient home with Aquaphor or equal to apply as needed for next 2 days. Instruct to only cleans, moisturize and use sunscreen for the next 7 days. Discontinue Obagi, RetinA, etc. regimen until day 7. On day 7 microderm or use an aggressive exfoliator or micro peel. Make-up can be applied to minimize pixel appearance.
13. **Precautions:** Do not Pixel over Botox or Restylane for two weeks post injection. Use an antiviral before treatments if there is a history of cold sores. Make sure skin is clean and dry before treatment.
14. **Treatment price:** \$500-\$800 per 20 minute session.

Pixel / Skin Resurfacing POST-CARE After Treatment Instructions

Meticulous wound care is crucial after skin resurfacing; below are our recommendations for after treatment care. It is important to keep skin moist and discontinue use of all products containing alcohol or active ingredients.

DAYS 1 – 2

You will be experiencing redness similar to a sunburn or windburn. Your skin will sting similar to a harsh windburn. Your color may appear blotchy as areas where severely damaged skin will appear much more red and could even be puffy or swollen.

- Immediately after treatment, apply wound-healing product such as _____ and continue use for 2 days after treatment.
- During Days 1 – 2, cleans with only cool tap water and pat dry. Do not use cleaner of any type.
- Keep skin moist with a combination of the wound-healing product and cool water. Water may be gently sprayed on the area or applied with a damp cool compress. Only use suggested products during these 2 days.
- Discontinue use of any “active ingredient” products during the course of your treatments. These include Retin A or retinol products, Obagi, anti-aging creams, exfoliants, etc.
- Avoid being around harsh chemicals that may cause stinging (peroxide/hair color, alcohol, raw onions, raw hot peppers). If you come in contact with chemicals, wash hands, then rinse face with cool water for relief and re-apply wound healing product.

DAYS 3 – 6

The redness and blotchy appearance of the most severely damaged areas will start subsiding. Your skin may appear more taut and shiny than usually. Although your skin looks fine, it is important to remember that you still have open wounds and must follow the treatment regime. Your skin will feel “crusty” and dry as the healing progresses.

- You may begin using a gentle cleanser in the morning and at night if you feel you need it. Do not rub skin, barely touch the skin and rinse thoroughly with cool or lukewarm water.
- Continue to keep skin moist with water and bland emollient ointments. You may soak skin in cool water or lightly spray cool water on the skin. You may also use a bland emollient ointment followed by a cool compress (damp wash cloth soaked in cool water). You may also mix a couple of drops of pure Vitamin E oil (no alcohol) with the ointment prior to applying on skin. This will add to the moisturizing effect. Popular ointments include Avene Gel Tolerant Kit (Genesis Pharmaceuticals) and Catrrix®-10 (Lescarden) and Aquaphor® Healing Ointment (Beiersdorf AG), you may also use pure Jojoba oil (no alcohol) instead of the ointment. The frequency of soaks and ointment application decreases as healing progresses and is tapered off by days 5 or 6.

DAYS 7 -10

Your skin is now in the final stages of healing and will feel quite “crusty.” Care must be taken to avoid damage to the new skin that is less than one week old.

- Continue using a gentle cleanser with a gentle technique.
- Replace the ointment used on Days 3 – 6 with a gentle moisturizer / sunblock during the day. Continue using the ointment or oil at night for extra moisture.
- Continue keeping the skin moist with water and moisturizer.
- You may use a light exfoliant to remove “crusty” skin for a smooth surface or schedule a manual microdermabrasion for professional results.

GENERAL INFORMATION

- Treatments are performed every 1 to 2 weeks to ensure proper healing between treatments. More conservative treatments can be performed on a weekly basis, whereas more aggressive treatments may require a 2-week interval.
- Avoid sun exposure before and after treatments as you will be more prone to sunburn.
- If any product that you apply, or chemical that you come in contact with burns or stings, rinse off immediately with cool water. Discontinue use of the product.
- If you have any questions or adverse effect, call your physician immediately.

Disclosure and Consent – Laser/Light Assisted Treatment of Vascular/Pigmented Lesions

- ◆ I (we) voluntarily request laser/light assisted treatment of lesions that I have proclaimed as “unwanted” in the following areas: _____.
- ◆ I (we) voluntarily consent and authorize that this laser/light assisted treatment be performed by the staff of this clinic, including physicians, technicians, associates, technical assistants, and other health care providers as deemed necessary by the staff of this clinic. I (we) hereby release this clinic, its staff, and any other participating health care providers from any and all liability for any adverse effects that may result from this treatment and related procedures.
- ◆ For the purposes of accurate record keeping in connection with the care and treatment which I am receiving and will subsequently receive from this clinic, I (we), the undersigned, consent to have this clinic’s staff take before, during, and after treatment close-up photographs of the involved area(s) and the anatomical region surrounding the involved area(s). These photographs shall be used for medical records and shall be treated with the same confidentiality as the remainder of my record at this clinic.
- ◆ I (we) recognize that this laser/light assisted treatment is not an exact science and I (we) acknowledge that no guarantees or assurances have been made to me (us) as to the result or cure. There are risks related to the performance of these procedures. I (we) understand and acknowledge that the risks that may occur in connection with this particular procedure may include the following:
 - 1) Infection – Albeit rare, skin infection is a possibility any time a skin procedure is performed. I acknowledge and understand that although rare, it is possible for a skin infection to become a blood-borne wide spread infection.
 - 2) Blood clots in veins and lungs –Albeit extremely rare, it may be possible to develop a blood clot associated with this treatment that goes (embolizes) to the heart and/or lungs.
 - 3) Allergic reactions – Although uncommon, I could possibly develop an allergic reaction to medicines applied to the treated area and that I could possibly develop an allergic reaction to any medications that may be prescribed for me.
 - 4) Hemorrhage and bruising – Bruising in the treated area is possible, especially if, within the last ten (10) days, I (we) have taken aspirin or aspirin-containing products, or other medications that “thin” the blood.
 - 5) Recurrence of the lesion – I may not experience permanent results even with multiple treatments.
 - 6) Painful or unattractive scarring – Scarring is a rare complication of laser assisted treatment, but scarring is possible because the skin surface is disrupted by the laser. To minimize the chances of scarring, it is most important that I follow **all postoperative instructions** carefully.
 - 7) Discomfort and pain – Some discomfort will be experienced during and after the laser treatment. I give my permission for the administration of topical and/or local injection of anesthesia when and if deemed appropriate.
 - 8) Pigment changes (skin color) – During the healing process, the treated area may become either lighter or darker in color than the surrounding skin. This is usually temporary, but on a rare occasion, it may be permanent.
 - 9) Poor healing – The resultant open wound may require more than the usual one to three weeks to heal.
 - 10) Sun exposure – Once the surface has healed, it may be pink and sensitive to the sun. Treated areas should be blocked completely, that a sun block with and SPF greater than 40 should be used at all times in areas not protected by clothing, whether or not I am in the sun.
 - 11) Blindness and eye damage – The laser, without protective eyewear, may cause visual loss including blindness. **It is important to keep these shields on at all times** during the procedure and that I **should keep my eyes closed** in order to protect my eyes from accidental laser exposure.
- ◆ I (we) understand and acknowledge that I have been informed by means of visual aids, as well as individual discussion, that multiple treatments are often required to cause long-term results and that some patients have no results even with multiple treatments. The usual number of treatments required is two to three, but more treatments may be required.
- ◆ I (we) have been given an opportunity to ask questions about my condition, alternate forms of anesthesia and treatment, the procedure to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give the informed consent. By signing below, I (we) certify that I (we) have read and fully understand the contents of this document and that I (we) have received and understand all of the disclosures referred to herein. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian having legal custody will also be required before treatment.

Signature of Patient

Signature of Person Authorized to Consent for Patient

Print Name of Patient

Print Name

Relationship

Date

Witness

Post Laser/Light Treatment Care – Vascular / Pigmented Lesions

1. Be careful with hot water and do not bathe with very hot water until healed.
2. Keep the area moist with Aloe Vera gel, or Aquaphor Healing Ointment until inflammation resolves and the area is healed.
3. Keep the treated area out of the sun. If sun is unavoidable, cover it or block it with SPF 40 or above for at least 4 weeks following treatment.
4. Keep clothing from rubbing the treated area and avoid other irritation to the area.
5. Do not use hairspray on or around the treated area.
6. Notify the clinic should you have any prolonged redness, excessive puffiness, or other unusual side effects.

Important Facts to Remember

1. There will be redness, and occasionally, mild blistering of the treated areas lasting for several hours to 3 - 14 days.
2. The treated area might “crust”, “flake”, or look like a “cat scratch”. This should resolve within 3 - 14 days.
3. Each area to be treated usually requires two or more treatments approximately 2-12 weeks apart.
4. It might be impossible to remove the lesion forever. Even though the lesion may be diminished or “disappear” for long periods of 3-6 months, it might return in the future. The fact that the lesion responded to treatment and was disabled for an extended period almost invariably means it will respond to future treatment.
5. Medications Dispensed: _____ use as directed.

Signature of Patient

Signature of Person Authorized to Consent for Patient

Print Name of Patient

Print Name

Relationship

Date

HARMONY SKIN REJUVENATION CONSULTATION

Personal Information			
Name		Home Phone	
Address		Work Phone	
City		State	
Postal Code		Date of Birth	
Referred by		Gender	Male/ Female

Medical History			
Bleeding disorder, bruise easily		Endocrine / hormone issues	
Pigmentation disorder		Pacemaker / defibrillator	
History of cold sores		Accutane within 6 months	
History of keloid scarring		History of skin cancer	
Dermatological conditions		Photoallergic	
List any medications taken			
Medical conditions			
List any allergies			

Contraindications:

- Tanned skin (active or passive)
- Accutane taken in last 6 months
- History of keloid scarring
- Any abnormal or undiagnosed pigmentation should be avoided
- Atypical moles or malignancy
- Non-intact skin (i.e. sores, psoriasis, eczema, infection, rash) should be avoided
- Recent chemical or mechanical peeling in treatment area (within 2 weeks)
- Laser resurfacing in treatment area within 3 months
- Any medical condition involving impairment of skin structure, esp healing patterns
- Poorly controlled diabetes
- Pregnancy

Precautions: (treat with caution if patient has any of following risk factors)

- Medications that may cause photosensitivity to light 540-950 nm
- Healing impaired
- History of skin cancer in treatment area, family history of melanoma

Skin Type Assessment			
Fitzpatrick Skin type	I II III IV V VI	Ethnicity	
Tan present	Yes / No	Sunscreen daily?	Always/ Sometimes/Never
Skin care regimen			
Vascular lesions			
Pigmented lesions			
Textural irregularities			

**Improvements achieved by each treatment may not be evident until weeks later.*

Hair Assessment			
Location (circle)	Upper lip	Chin	Sideburns Forehead Cheeks Other_____
Hair density	Sparse/ Medium/ Dense	Hair thickness	Fine/ Medium/ Coarse
Hair color	Other		

**counsel patient that hairs in treatment area may also be reduced or miniaturized as result of skin rejuvenation treatment. Base line photos/photodocumentation is recommended.*

Possible Side Effects:

- Temporary mild discomfort from treatment, may feel warmth or tingling
- Temporary swelling, redness in treatment area
- Temporary 'darkening' of pigmented lesions before becoming lighter
- Superficial scabbing, crusting or blister
- Transient or permanent dyschromia from epidermal injury

Treatment Schedule:

- Treatment done at monthly intervals. May retreat as soon as 3 weeks for some patients.
- 5 treatments in treatment series. Some lesions may fade significantly after a single treatment. Collagen stimulation is a delayed and cumulative response, 5 treatments recommended for this indication.
- Maintenance treatments may be done to help maintain results, or to treat new lesions.

Patient FAQs

Harmony Skin Rejuvenation

HOW DOES THE HARMONY REJUVENATE MY SKIN?

The Harmony uses gentle light to restore skin to a more youthful state. Brown spots (pigmented imperfections) from sun damage and aging, red blotchiness from spider vessels or rosacea (vascular imperfections), and rough skin texture will improve over a treatment series.

IS TREATMENT WITH THE HARMONY SAFE?

Treatment is very safe for the skin. There are many advances in the Harmony technology that make it unparalleled for skin safety, without compromising effectiveness for treatment. There are no long term health hazards from light used in the Harmony. Both have been used for decades in medicine, surgery, and aesthetics without adversity.

What kind of results can I expect from Harmony treatment?

Each Harmony treatment will result in gradual lightening and improvement of pigmented and vascular imperfections. Textural improvements are appreciated towards the end of the treatment series.

How frequently do I need treatments?

Treatments are repeated every month for a total of 5 treatments.

Does the treatment hurt?

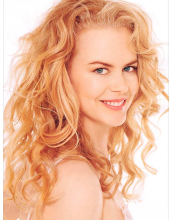





The sensation is often described as “hot pinch”, or “snapping” feeling. The sensation only lasts for fraction of a second, and you may feel warmth or a tingling sensation for a short time afterward. Most people tolerate treatment without topical anaesthetic, but individuals who are more sensitive may prefer to have the skin numbed before treatment.

What happens after each treatment?

Temporary pinkness in the skin lasts a very short time, and most people return to work or normal activities immediately after treatment. The improvement in pigmented and vascular irregularities can often be appreciated by the time you return for your next treatment a month later. Brown spots temporarily go darker before they lighten.

Who should get Harmony treatment for Skin Rejuvenation?

Anyone who wants to improve the signs of sun damage and aging in the skin, such as pigmented and vascular irregularities, uneven or rough skin texture. Skin rejuvenation can be done on face, neck, chest, hands, arms. Discuss your candidacy for this treatment with your Harmony clinician.

Fitzpatrick Skin Types	Example	Tanning
I		<p>Never tans Always burns</p>
II		<p>Occasionally tans Usually burns</p>
III		<p>Tans on average Sometimes burns</p>
IV		<p>Usually tans Rarely burns</p>
V		<p>Mostly tans Almost never burns</p>
VI		<p>Never burns</p>