

Sciton Broadband Light (BBL) Photo Rejuvenation Informed Consent

Non-coherent, flash-lamp pulsed light (commonly known as Intense Pulse Light or Broadband Light) is used to perform photo rejuvenation or photo facial. Photo Rejuvenation can fade benign brown pigmentation and reduce redness and unwanted capillaries and veins to improve overall skin color and tone. As with all procedures in cosmetic medicine, some individuals show a dramatic improvement, while others show little improvement. It is difficult to predict people who will have a poor response to photo rejuvenation. Due to your unique skin composition, you acknowledge that there are no guarantees, warranties, or assurances that you will be satisfied with your results. In our experience, multiple treatments are required in order to obtain optimal results.

Contraindications For This Treatment Include:

1. Unprotected sun exposure and/or tanning beds 3-4 weeks prior
2. Sunless tanning products 3-4 weeks prior
3. Pregnancy/Lactating
4. Temporary dermal fillers within last 2 weeks
5. Permanent fillers particularly silicone (silicone insulates and much heat is created)
6. History of seizures
7. Active infection
8. History of cold sores (herpes simplex); treatments can reactivate herpes, and prophylactic medication may be recommended.
9. Retin-A and similar products 3 days before and 3-7 days after treatment
10. Skin types V-VI

I am aware of the following risks:

1. Mild to moderate discomfort or pain. Many patients describe the sensation as the "snap of a rubber band" against the skin.
2. Slight redness or swelling of the skin, usually lasting only a few hours.
3. Sun sensitivity in the treated area. Avoid the sun and use sun block with at least a 15 SPF.
4. Skin sensitivity. The skin may be more sensitive for a few days following treatment, and you should avoid shaving, rubbing or scratching for at least 24 hours. Avoid use of buff puffs or scrubs for at least 48 hours.

Though rare with this procedure, I am aware the following may also be considered risks:

- Wound Healing. Photo Rejuvenation treatments can result in blistering, crusting, or flaking of the treated areas, which may require one to two weeks to heal. Once the surface is healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
- Bruising/Infection. With some devices, bruising of the treated area may occur. Additionally, a skin infection is a possibility although rare, whenever a photo facial procedure is performed.
- Pigment Changes (Skin Color). During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but, on rare occasion, it may be permanent.

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- Scarring. Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-treatment instructions carefully.
- Eye Exposure. Protective eyewear will be provided. It is important to keep this eyewear on at all times during the treatment to protect your eyes from accidental light exposure.

I understand that this treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving treatment, I have been candid in revealing any condition that may have a bearing on this procedure.

I consent and authorize Dr. Krieger / Dr. Goldberg to perform one or more photo rejuvenation treatments on me. Alternative means of treatment, such as chemical peels, dermabrasion, and laser skin ablation have been explained to me, and I understand that I have the right to refuse treatment.

I certify that I have read this entire informed consent and that I understand and agree to the information provided in this form. I agree to have my photograph taken to document my condition. A member of the staff has explained the nature of my condition, the nature of the procedure, alternative treatments, and the benefits to be reasonably expected compared with alternative approaches.

This document is a written confirmation of this discussion. My questions have all been answered to my satisfaction, and I understand that there is a fee for this procedure. I agree to adhere to all safety precautions during the photo rejuvenation treatment and to follow post-treatment instructions.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for all of my photo rejuvenation treatments in the future as well.

Signature of Patient or Guardian

Print Name/Relationship

Date

Signature of Witness

Print Name/Relationship

Date