

DOCTORS OF INTERNAL MEDICINE

**PATIENT CONSENT FORM
FOR THE TREATMENT OF PIGMENTED LESIONS (LIME LIGHT)**

I HEREBY AUTHORIZE DR. _____ OR _____, UNDER DR. _____'S SUPERVISION TO PERFORM PIGMENTED LESION TREATMENT WITH A LIGHT BASED DEVICE ON ME. I UNDERSTAND THAT THIS PROCEDURE TREATS PIGMENTED LESIONS, AGE SPOTS, AND SUN SPOTS BY TARGETING MELANIN WITH A BRIGHT PULSED LIGHT. I UNDERSTAND I MAY NOT EXPERIENCE COMPLETE CLEARANCE, AND THAT IT MAY TAKE MULTIPLE TREATMENTS. SOME CONDITIONS MAY NOT RESPOND AT ALL AND, IN RARE CASES, MAY BECOME WORSE.

THE PROCEDURE MAY RESULT IN THE FOLLOWING ADVERSE EXPERIENCES OR RISKS:

- DISCOMFORT – SOME DISCOMFORT MAY BE EXPERIENCED DURING TREATMENT.
- REDNESS/SWELLING/BRUISING – SHORT TERM REDNESS (ERYTHEMA) OR SWELLING (EDEMA) OF THE TREATED AREA IS COMMON AND MAY OCCUR. THERE ALSO MAY BE SOME BRUISING.
- SKIN COLOR CHANGES – DURING THE HEALING PROCESS, THERE IS A POSSIBILITY THAT THE TREATED AREA MAY BECOME EITHER LIGHTER (HYPOPIGMENTATION) OR DARKER (HYPERPIGMENTATION) IN COLOR COMPARED TO THE SURROUNDING SKIN. THIS IS USUALLY TEMPORARY, BUT, ON A RARE OCCASION, IT MAY BE PERMANENT.
- WOUNDS – TREATMENT CAN RESULT IN BURNING, BLISTERING, OR BLEEDING OF THE TREATED AREAS. IF ANY OF THESE OCCUR, PLEASE CALL OUR OFFICE.
- INFECTION – INFECTION IS A POSSIBILITY WHENEVER THE SKIN SURFACE IS DISRUPTED, ALTHOUGH PROPER WOUND CARE SHOULD PREVENT THIS. IF SIGNS OF INFECTION DEVELOP, SUCH AS PAIN, HEAT, OR SURROUNDING REDNESS, PLEASE CALL OUR OFFICE __ (PHONE NUMBER) _____.
- SCARRING – SCARRING IS A RARE OCCURRENCE, BUT IT IS A POSSIBILITY IF THE SKIN SURFACE IS DISRUPTED. TO MINIMIZE THE CHANCES OF SCARRING, IT IS IMPORTANT THAT YOU FOLLOW ALL POST-TREATMENT INSTRUCTIONS PROVIDED BY YOUR HEALTHCARE STAFF.
- EYE EXPOSURE – PROTECTIVE EYEWEAR (SHIELDS) WILL BE PROVIDED TO YOU DURING THE TREATMENT. FAILURE TO WEAR EYE SHIELDS DURING THE ENTIRE TREATMENT MAY CAUSE SEVERE AND PERMANENT EYE DAMAGE.

I ACKNOWLEDGE THE FOLLOWING POINTS HAVE BEEN DISCUSSED WITH ME:

- POTENTIAL BENEFITS OF THE PROPOSED PROCEDURE, INCLUDING THE POSSIBILITY THAT THE PROCEDURE MAY NOT WORK FOR ME
- ALTERNATIVE TREATMENTS SUCH AS LIQUID NITROGEN, TOPICALS, OR EXCISION
- REASONABLY ANTICIPATED HEALTH CONSEQUENCES IF THE PROCEDURE IS NOT PERFORMED
- POSSIBLE COMPLICATIONS/RISKS INVOLVED WITH THE PROPOSED PROCEDURE AND SUBSEQUENT HEALING PERIOD

FOR WOMEN OF CHILDBEARING AGE: BY SIGNING BELOW I CONFIRM THAT I AM NOT PREGNANT AND DO NOT INTEND TO BECOME PREGNANT ANYTIME DURING THE COURSE OF TREATMENT. FUTHERMORE, I AGREE TO KEEP DR. _____ AND STAFF INFORMED SHOULD I BECOME PREGNANT DURING THE COURSE OF TREATMENT.

PHOTOGRAPHIC DOCUMENTATION WILL BE TAKEN. I HEREBY DO ___ DO NOT ___ AUTHORIZE THE USE OF MY PHOTOGRAPHS FOR TEACHING PURPOSES.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I SCKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR LIGHT BASED TREATMENT OF MY PIGMENTED LESIONS, AND THAT AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY MY HEALTHCARE TEAM.

SIGNATURE-PATIENT OR GUARDIAN PRINT NAME/RELATIONSHIP DATE

SIGNATURE-WITNESS PRINT NAME DATE

Lime Light



Pre-Care instructions

- ◇ AVOID USING SKIN PRODUCTS AND/OR CHEMICALS (I.E., DEPILATORIES, SUNLESS TANNERS, ETC.) AT LEAST 24 HOURS PRIOR TO AND AFTER TREATMENT.
 - ◇ SHAVE THE AREA TO BE TREATED.
 - ◇ IF YOU HAVE A PACEMAKER/DEFIBRILLATOR, PLEASE GET A CLEARANCE NOTE FROM YOUR CARDIOLOGIST PRIOR TO TREATMENT.
 - ◇ DO NOT TAKE ANY ASPIRIN, IBUPROFEN, HERBS, OR VITAMINS FOR 7 DAYS BEFORE EACH TREATMENT.
 - ◇ AVOID ANY ANTIBIOTICS, SUCH AS TETRACYCLINE, FOR 1 WEEK PRIOR TO TREATMENT.
 - ◇ IF YOU GET FEVER BLISTERS (HERPES) OUTBREAKS, PLEASE START YOUR ANTIVIRAL TREATMENT 1 DAY BEFORE THE PROCEDURE, AND UP TO 7 DAYS AFTER THE PROCEDURE.
 - ◇ **STOP** – YOU MAY NOT GET LIME LIGHT TREATMENT IF YOU:
 - ◇ HAVE EVER BEEN DIAGNOSED WITH MALIGNANT MELANOMA.
 - ◇ HAVE EVER BEEN DIAGNOSED WITH VITILIGO.
 - ◇ HAVE BEEN TAKING ACCUTANE WITHIN THE LAST 6 MONTHS.
 - ◇ ARE CURRENTLY RECEIVING “GOLD THERAPY”.
 - ◇ HAVE HAD SIGNIFICANT SUN EXPOSURE OR ARTIFICIAL TANNING 4 WEEKS PRIOR TO TREATMENT.
 - ◇ PREGNANT
 - ◇ TAKE A DAILY ANTICOAGULANT
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Post-Care Instructions

◇ EXPECTED FINDINGS

- ◇ THE TREATMENT AREA MAY BE SWOLLEN FOR A DAY OR SO. THE SWELLING IS A RESULT OF THE HEAT, AND NOT A SIGN OF INFECTION.
- ◇ TREATED AREAS MAY BECOME DARKENED AND CRUSTING MAY BEGIN TO FORM WITHIN A FEW DAYS. THE CRUSTING RESOLVES IN 1-3 WEEKS AND SHOULD BE ALLOWED TO NATURALLY FLAKE OFF FOR THE BEST RESULTS. PLEASE DO NOT PICK THE AREA. CRUSTS/BLISTERS DO NOT INDICATE INFECTION OR FUTURE SCARRING.
- ◇ BRUISING IS RARE BUT MAY APPEAR AND LAST FROM 5-15 DAYS. AS THIS FADES, A BROWN DISCOLORATION MAY APPEAR. THIS TYPICALLY FADES IN 1-3 MONTHS.
- ◇ BE PATIENT. IT TAKES APPROXIMATELY 3 TREATMENTS BEFORE YOU BEGIN NOTICING RESULTS. THE RECOMMENDED TREATMENT INTERVAL IS 4 WEEKS OR LONGER, DEPENDING ON THE RATE OF CLEARANCE FOLLOWING TREATMENTS.
- ◇ LOCALIZED ERYTHEMA MAY ALSO BE PRESENT AND TYPICALLY RESOLVES WITHIN 24-48 HOURS.

◇ CARE INSTRUCTIONS

- ◇ AVOID RUBBING, PICKING, SCRATCHING, AND EXFOLIATING THE AREA. PAT DRY AFTER SHOWERING.
- ◇ YOU MAY TAKE TYLENOL, ASPIRIN, OR IBUPROFEN AS DIRECTED FOR DISCOMFORT.
- ◇ A COOL PACK WRAPPED IN A SOFT CLOTH MAY BE APPLIED TO THE TREATED AREA FOR 5-10 MINUTES EVERY 4-6 HOURS FOR SWELLING.
- ◇ AVOID USING SKIN PRODUCTS AND/OR CHEMICALS (I.E. EXFOLIANTS, BLEACH, ETC.) THAT YOUR SKIN NORMALLY TOLERATES FOR 24 HOURS AFTER TREATMENT.
- ◇ USE OF SPF 45 OR HIGHER IS REQUIRED BETWEEN TREATMENTS AND 4 WEEKS FOLLOWING THE FINAL TREATMENT IF EXPOSED TO THE SUN OR ARTIFICIAL TANNING.
- ◇ KEEPING A WOUND “GREASY” WITH PLAIN VASELINE OR ANY OINTMENT ENHANCES WOUND HEALING AND REDUCES THE RISK OF SCARRING.