

ORANGE

Cosmetic & Laser Center

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Elite MPX Yag/Vascular/Scar (VBeam) Laser Consent

This is to verify that I have met with Dr. _____ and discussed my condition (_____). The procedure will utilize a pulsed dye laser that selectively removes blood vessels. The treatment can be performed with or without topical or injected anesthetic agents. The goal is the removal or fading of the vascular lesion.

Alternative treatment methods include camouflage make-up, treatment with other lasers, electrical cautery devices, surgical excision or simple observation without surgery. In the case of hypertrophic scars or keloids, treatment using steroid preparations injected into the scar can be helpful and used in conjunction with the laser treatment. Topical gel sheeting and other topical agents such as Mederma may also be helpful.

My doctor has informed me that the risks of the procedure include pain during the treatment that is described by most patients as feeling like the snap of a rubber band or like a warm pin. A purple-colored bruise will occur at the treatment site and may last for 2-3 weeks. Bleeding, infection, and possible scarring can occur but are rare. During the procedure, everyone in the operating room must wear protective goggles to protect their eyes from the laser beam. Other possible complications include the possibility of pigment changes in the skin. This can be seen as areas lighter (hypopigmentation) or darker (hyperpigmentation) than your normal skin color. Proper aftercare will minimize the risk of potential scarring or pigment changes. Avoiding direct unprotected sun exposure and the use of sunscreens with at least an SPF 30 or more is highly recommended.

No guarantee can be made that all of the vessels or scar tissue will resolve with this treatment. I understand that multiple treatments may be required to obtain optimal results.

Initial

Photographs may be taken for record keeping purposes or possibly, in very rare cases, for use in medical journals. If you agree to have your photo taken for these purposes please initial below.

Initial

The procedure is considered cosmetic and no insurances will be billed. I understand that I am responsible for all costs of the procedure.

Initial

I have been asked if I have additional questions regarding the procedure and/or feel that all of my concerns have been adequately addressed by my Doctor.

Patient Name _____ Signature _____

Witness _____

The Fitzpatrick Skin-Type Chart

You can use this skin-type chart for self-assessment, by adding up the score for each of the questions you've answered. At the end there is a scale providing a range for each of the six skin-type categories. Following the scale is an explanation of each of the skin types. You can quickly and easily determine which skin type you are.

Genetic Disposition

Score	0	1	2	3	4
What is the colour of your eyes?	Light blue, Grey, Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black
What is the natural colour of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the colour of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none

Total score for Genetic Disposition: _____

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for Reaction to Sun Exposure: _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for Tanning Habits: _____

Add up the total scores for each of the three sections for your Skin Type Score.

Skin Type Score - Fitzpatrick Skin Type

0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V -VI

TYPE 1: Highly sensitive, always burns, never tans. Example: Red hair with freckles

TYPE 2: Very sun sensitive, burns easily, tans minimally. Example: Fair skinned, fair haired Caucasians

TYPE 3: Sun sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasians.

TYPE 4: Minimally sun sensitive, burns minimally, always tans to moderate brown. Example: Mediterranean type Caucasians, some Hispanics.

TYPE 5: Sun insensitive skin, rarely burns, tans well. Example: Some Hispanics, some Blacks

TYPE 6: Sun insensitive, never burns, deeply pigmented. Example: Darker Blacks.