



ICON PRE AND POST OP INSTRUCTIONS

MAXG or 1540 (XD/XF)

Pre-Op Instructions

1. Please arrive to appointment 15 minutes before your scheduled time. Please be advised, running late may result in less than optimal treatment time.
2. NO make-up please.
3. Please have your hair tied back if possible.
4. Please STOP the following cosmetic products 72 hours before treatment: Retin-A / Tretinoin / Benzyl Peroxide / Glycolic Acid / Salicylic Acid
5. This laser treatment is designed for minimal downtime and fast recovery. It is mild-moderate uncomfortable during the procedure. Tylenol can be taken 30 minutes before your procedure if needed. For best results, repeat once or twice a year.

Post-Op Instructions

1. Avoid direct sun-exposure for 1 week following your treatment. Sunscreen (zinc oxide recommend) advised to help maintain results.
2. It is normal for the area to feel similar to sunburn for several hours following the treatment.
3. It is normal to have dark pin-point spots / scabs as well as blotchy redness and minimal swelling following your laser treatment for 24-72 hours. If the 1540 Laser was used, full recovery may take 7-10 days.
4. Apply Aloe or gentle moisture as needed following your procedure until all peeling and flaking as stopped. Avoid heavy moisturizers like Aquaphor or Vaseline to minimize acne breakouts after.
5. If your chest was treated, apply Aloe and/or plastic wrap to protect your skin from clothing and minimize itchiness as needed. Pigmented sun spots will darken and slowly flake and fade within 1-2 weeks of treatment.
6. You may resume normal activity the following day.
7. You may wear make-up the following day.
8. You may resume cosmetic products (listed above) once all redness/ peeling and scabbing has healed. Typically between 1-2 weeks after procedure.
9. Please make a follow up visit with MD Dermatology the day after your procedure and 1 month after your treatment.

MD Dermatology's Favorite Post Laser Products:

Enhance overall results and help with post-laser treatment recovery: TNS Recovery Complex am/pm

Maintain Results:

Consult our certified, expert Aesthetician for a customized, personal skin care routine.

CONSENT FOR LASER/LIGHT-BASED TREATMENT

I, _____, authorize Sanjiv K. Saini, MD and/or a member of his staff to perform laser/pulsed light cosmetic skin treatments on me, including, but not limited to, the treatment of pigmented lesions (for example, sun spots, age spots, and other skin discolorations), vascular lesions (for example, red spots, leg veins, and small spider veins, but not varicose veins), wrinkles, (rhytides), furrows, fine lines, textural irregularities, nonablative skin resurfacing, soft tissue coagulation, ablative skin resurfacing, and reducing or eliminating hair. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The treated area maybe red and swollen for 2-48 hours or longer for deep treatment. Initial: _____
- Common side effects include temporary redness (erythema) or mild “sunburn”-like effect and swelling that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to, crusting, irritation, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. There also is a risk of resulting unsatisfactory appearance and failure to achieve the desired result. Initial: _____
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting 1-6 months or longer or permanently may occur. Freckles my temporarily or permanently disappear in treated areas. Initial: _____
- Serious complications are rare but possible, such as scarring, blood clots, skin loss, hematomas (collection of blood under the skin), and allergic reaction to medications or materials used during the procedure. Initial: _____
- I understand and accept that with skin resurfacing treatments, there may be an increased length of social downtime associated with the level of treatment. There also is a chance of additional side effects like blanching and significant redness. Initial: _____
- With deep laser treatments there are additional risks of discomfort (rare side effects like focal areas of bleeding, bruising, poor healing, serous discharge, and infections. Serious but rare complications may include scarring, abscess, skin necrosis, and injury to other internal structures including nerves, blood vessels, or muscles. Initial: _____
- There is no guarantee that the expected or anticipated results will be achieved. Initial: _____
- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me my increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (SPF 50 recommended) after treatment. Initial: _____
- There is a possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth in than before. Initial: _____
- I should call my provider as soon as possible if I have any concerns about side effects or complications after treatment. Initial: _____

- Not providing my medical history before proceeding with a light based treatment could impact treatment results and cause complications. Initial: _____
- I hereby consent to the administration of any anesthesia or sedation maybe necessary or advisable for my procedure(s). I understand that all forms of anesthesia and sedation involve the risk and the possibility of complications, injury, and in rare instances death. Initial: _____
- I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly without my permission. Initial: _____
- Before and after-treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction. Initial: _____

I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered.

I UNDERSTAND THAT PAYMENT FOR COSMETIC SERVICES IS NON-REFUNDABLE.

I freely consent to the proposed treatment today as well as for future treatments as needed.

Signature

Date

Print Name

Witness Signature

Date

Print Name

ICON Health History

Name: _____

Date: _____

1 Are you allergic to any medication?

Yes

No

If yes, please list: _____

2 List ALL medication and vitamins that you are currently taking:

3 Do you have ANY current or chronic medical illnesses?

Yes

No

Disclose any history of heat urticaria, diabetes, autoimmune disorders or any immunosuppressant, blood disorders, cancer, bacterial or viral infections, medical conditions that significantly compromise the healing response, skin photosensitivity disorders, or any other condition or illness.

Please List: _____

4 Do you have ANY current or chronic skin conditions?

Yes

No

Disclose any history of vitiligo, eczema, melasma, psoriasis, allergic dermatitis, any diseases affecting collagen including Ehlers-Danlos syndrome, scleroderma, skin cancer, or ANY other skin condition.

Please List: _____

5 Are there any topical products (both medical and non-medical) that you use on your skin on a regular or daily basis?

Yes

No

Please List: _____

6 Do you take/use ANY systemic/oral steroids?

7 (Women) Are you or could you be pregnant?

8 (Women) Have you ever been diagnosed with Polycystic Ovarian Disorder?

9 (Women) Are you on any hormonal replacement therapies?

10 Do you have a history of herpes I or II in the area to be treated?

11 Do you have a history of keloid scarring or hypertrophic scar formations?

12 Do you have a history of light induced seizures?

13 Do you have any open sores or lesions?

14 Do you have any history of radiation therapy in the area to be treated?

In the last month, have you used any of the following: anticoagulants or blood-thinning medications (ASA, Plavix, Coumadin); photosensitizing medication (Rosacea or acne prescriptions) or anti-inflammatory medications?
15 Please List: _____

In the last month have you used any of the following products: glycolic acid, salicylic acid, exfoliating or resurfacing products or treatments?
16 Please List: _____

Do you have or have you ever had any permanent make-up, tattoos, implants, or fillers (included but not limited to: Juvederm or Restylane, etc)?
17 Please List with locations: _____

Do you have or have you ever had any Botulinums such as Botox, Dysport, or Xeomin?
18 Please List with locations: _____

19 Have you taken Accutane (or products containing isotretinoin) in the last 6 months?

20 Have you taken Tretinoin (like Retin-A, Renova) in the last month?

21 Have you had any unprotected sun exposure, used tanning creams (including sunless tanning lotions) or tanning beds or lamps in the last 4-6 weeks?

22 Do you smoke?
If so, how much? _____

Signature: _____

Date: _____