



INTENSE PULSED LASER TREATMENT IPL

Name: _____

DOB: _____

DATE OF PROCEDURE: _____

SURGERY LOCATION**

Eyesight Ophthalmic Services
155 Borthwick Ave, 2nd floor East building - Portsmouth NH

APPOINTMENTS

_____ at _____

_____ at _____

_____ at _____

_____ at _____

** All IPL treatments will be performed at Clear Advantage office located within Eyesight.

IPL PRE-TREATMENT

ONE MONTH PRIOR

- Avoid Sunbathing, tanning beds and self-tanners
- Wear sun protection – SPF30+

ONE WEEK PRIOR

- Avoid the use of photosensitizing medications such as any **topical Retinoids** (Accutane), products that contain **Benzoyl Peroxide** (found in many forms of cleaners, lotions, creams, gels, and toner- like solutions) products that contain **retinol moisturizers**
- Avoid taking oral **Doxycycline** or **Tetracycline**, check with your prescribing doctor prior to discontinuing any medication

ONE DAY PRIOR

- If you have a history of Herpes Simplex virus infection, you may consider taking an antiviral medication as prescribed by your doctor.
- Shave the areas to be treated
- If there is very little hair in the area, please shave and take small amount of hair to a piece of paper for your provider to review.

DAY OF TREATMENT

- Inform your doctor if you have changed medications or have had recent sun exposure
- Avoid smoking cigarettes as this may constrict the vessels and make treatment less successful
- Do not exercise or go to the gym, spa or sauna immediately before treatment
- Do not wear sunblock or makeup

AFTER IPL TREATMENT

IMMEDIATELY AFTER TREATMENT

- After intense pulsed light (IPL) treatment apply sunscreen (SPF 30+) to all areas treated and avoid sun exposure

DAY OF TREATMENT

- Avoid Saunas, strenuous exercise and any activity that may cause excessive heat to the treatment area for 24 hours.
- A feeling of itchiness may be noticed; this is perfectly natural. Do not scrub or scratch the treated areas.
- Apply a moisturizer to the treated area.
- Do not apply products that may cause your skin to react negatively. Do not use peels or aggressive cleansers for 1-2 weeks.
- If possible, avoid using makeup (other than sunscreen and moisturizer) for 4-8 hours after treatment

- Note: Treated pigment may become darker following the treatment, this is a desired effect and may be covered by make-up.
- Inform your doctor immediately if there is continued or severe discomfort or any sign of blistering. This is extremely uncommon, but it required immediate attention.

PIGMENT TREATMENTS

- The treated pigment may slough as the skin renews (7-21+ days). Do not scratch or pick at the areas.

VASCULAR TREATMENTS

- Slight redness and itchiness are common for a few minutes to a few hours after the treatments.
- Dry skin or peeling may be noted after the treatments (apply moisturizer)
- Nd: YAG treatments of small vessels may have erythema (redness) lasting a few days.
- Most vessels require multiple treatments, and new visible vessels may form over time.

WEEK 1 AND 2 POST TREATMENT

- Avoid direct sun if possible but if you cannot avoid direct sun exposure, always use sunscreen (30 SPF+) and reapply every 2 hours.

CONTACT INFORMATION

Your technician is frequently assisting other patients within the ocular surface clinic.

If you have a question, or would like to move your scheduled appointment, please contact Rebecca at 603-501-5000 and leave a message with the staff at Clear Advantage.



IPL PROCEDURE FEE

IPL(4 treatments) with TearCare (1 treatment) Discounted package price with TearCare	\$ 2,350.00
IPL (Each IPL treatment, paid separately)	\$ 525.00
TearCare (separately)	\$ 695.00

**PAYMENT IS DUE ON THE DAY OF YOUR PROCEDURE.
DISCOUNTS ARE AVAILABLE IF PAID IN ADVANCE.**

Payment Options:

- MasterCard, Visa, Discover, American Express, Cash or Bank Check made out to "EYESIGHT" (No personal checks, please).
- Patients paying with cash or a bank check are entitled to an additional 2% discount off the above prices.
- If you plan to use your ATM card on surgery day, please notify your bank. Most ATM cards have a maximum per day allowance and the card may be declined without prior notification to your bank.
- Flexible Spending Account (FSA) and/or Health Savings Account (HSA) payment options (available through many employers). Please make sure you understand how your benefits work prior to surgery and verify the funds you have available prior to surgery.
- Interest free financing is available for 6, 12, or 18 months and interest payments up to 66 months through www.CareCredit.com

Your family of Eyesight staff is here to assist you with every aspect of caring for your eyes.



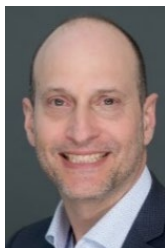
Lucian Szmyd, MD



Claudia Bartolini, MD



Christopher Turner, OD



Warren Goldblatt, MD



Kinley Beck, MD



Lauren McLoughlin, OD



N. Timothy Peters, MD



Jennifer Ling, MD



Janet Rand, OD



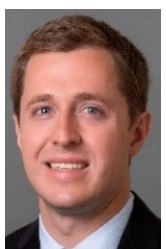
Marsha Kavanagh, MD



Jason Szelog, MD



Renee Lynch, OD



Timothy Sullivan, MD



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SOMERSWORTH

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KITTERY, ME

99 US-1, Suite B
Kittery, ME 03904
Tel: (207) 439-4958
Fax: (207) 439-4313

Please complete the following pages and bring this with you for your FIRST APPOINTMENT

Initials

- I authorize DR. LAUREN MCLOUGHLIN to perform IPL™ treatments on me in an effort to improve Dry Eye Disease due to Meibomian Gland Dysfunction / Dyschromia / Hyperpigmentation / Hair Reduction / PWS / Haemangioma / Angioma / Rosacea / Telangiectasia / Other: _____ _____

- I understand that without eye protection, IPL applied near the eyes may cause severe ocular complications _____

- I understand that there is a rare possibility of side effects or serious complications including permanent discoloration and scarring. I am aware that careful adherence to all advised instructions will help reduce this possibility _____

- I understand the below list of short-term effects and agree to follow matching guidelines:
 - Flaking of pigmented lesions – crusts may take 5 to 10 days to disappear and it is important not to manipulate or pick which may otherwise lead to scarring
 - Discomfort – during the procedure, I might experience a sensation similar to a rubber band snap which degree will vary per my skin condition and area sensitivity but that does not last long. A mild “sun-burn” sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams
 - Reddening and swelling – severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with application of cooling and/or anti-inflammatory creams
 - Bruising may rarely occur and may last up to 2 weeks_____

- I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and may increase the chance for complications _____

- The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered _____

- Pre and post-care instructions have been discussed and are completely clear to me _____

- I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required _____

- I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record _____

- I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity _____ _____

Please complete the following IPL™ pre-treatment compliance checklist to ensure your information is accurate and updated

For Dry Eye Disease due to Meibomian Gland Dysfunction:

	Skin type of the area to be treated: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/>		
OPTILIGHT	Ocular surgery or eyelid surgery, within 6 months prior to the first IPL session?	NO	YES
	Neuro-paralysis in the planned treatment area, within 6 months prior to the first IPL session ?	NO	YES
	Uncontrolled eye disorders affecting the ocular surface, for example active allergies ?	NO	YES
	Pre-cancerous lesions, skin cancer or pigmented lesions in the planned treatment area ?	NO	YES
	Uncontrolled infections or uncontrolled immunosuppressive Diseases ?	NO	YES
	Ocular infections, within 6 months prior to the first IPL session ?	NO	YES
	Prior history of cold sores or rashes in the perioral area or in the planned treatment area that could be stimulated by light at a wavelength of 560 nm to 1200 nm, including: Herpes simplex 1 & 2, Systemic Lupus erythematosus, and porphyria ?	NO	YES
	Within 3 months prior to the first IPL session, use of photosensitive medication and/or herbs that may cause sensitivity to 560-1200 nm light exposure, including: Isotretinoin, Tetracycline, Doxycycline, and St. John's Wort?	NO	YES
	Radiation therapy to the head or neck, within 12 months prior to the first IPL session ?	NO	YES
	Planned radiation therapy, within 8 weeks after the last IPL session	NO	YES
	Treatment with chemotherapeutic agent, within 8 weeks prior to the first IPL session ?	NO	YES
	Planned chemotherapy, within 8 weeks after the last IPL session ?	NO	YES
	History of migraines, seizures or epilepsy ?	NO	YES
	Tattoos in the planned treatment area ?	NO	YES
	Exposure to sun or artificial tanning during 3-4 weeks prior to Treatment ?	NO	YES
Any remaining suntan, sunburn or artificial tanning products ?	NO	YES	

For all other conditions (relevant for an upgraded configuration of the OptiLight device):

HR PL SR VL	Skin type of the area to be treated: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>		
	Natural or artificial sun exposure in the past 3-4 weeks pre-op or the following 3-4 weeks post-op plan	NO	YES
	Use of self-tanners or tan enhancer caps within the past 3-4 weeks pre-op plan	NO	YES
	Photosensitive herbal preparations (St John's Wort, Ginkgo Biloba, etc...) or aromatherapy (essential oils)	NO	YES:
	Diseases which may be stimulated by light at 400 nm to 1200 nm, such as history of Systemic Lupus Erythematosus or Porphyria	NO	YES:
	Pregnant or possibility of pregnancy, postpartum or nursing	NO	YES
	Inflammatory skin conditions (dermatitis, etc...)	NO	YES:
	Presence or history of active cold sores or herpes simplex virus	NO	YES
	HIV	NO	YES
	Active cancer (currently on chemotherapy or radiation)	NO	YES
	Previous skin cancer?	NO	YES
	Medical history of keloids	NO	YES
	Intake of isotretinoin within the past year	NO	YES
	Medical history of Koebnerizing isomorphic diseases (vitiligo, psoriasis)	NO	YES:
	Any known allergy?	NO	YES:
	Any tattoo and/or pigmented lesion on requested treatment area that should be protected?	NO	YES
List of additional current medication taken			
HR	Hormonal or endocrine disorders (PCOS or uncontrolled diabetes?)	NO	YES:
	Previous hair removal procedures on requested treatment area (other IPL/laser, wax, electrolysis, etc...)	NO	YES: what/when?
PL SR VL	Any observed modification (color, size, texture and border) on the lesion to be treated?	NO	YES:
	Any hair on requested treatment area that should not be removed?	NO	YES
	Age of lesion onset?	Age _____	
PL SR	Previous skin procedures on requested treatment area (Botox, fillers, peels, etc...)	NO	YES: what/when?
SR VL	Intake of aspirin or anti-coagulants?	NO	YES:
	Easy bruising?	NO	YES



My signature certifies that I duly read and understood the content of this informed consent form, and that I gave the accurate information as to my health condition. I hereby freely consent to OptiLight IPL treatments

Name of patient (please print)

Signature of patient

Date

Name of witness (please print)

Signature of witness

Date