



CHERYL L. ZIEGLER, O.D.

"Leading The Way In Total Vision Wellness"

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## INFORMED CONSENT FOR SMOOTHGLO TREATMENT

**POSSIBLE RISKS AND COMPLICATIONS:** Discomfort or a mild "sun-burn" sensation following treatment, reddening and swelling, bruising, flaking of skin, minor bleeding, permanent discoloration (rare), and scarring (rare).

**NATURE OF PROCEDURE:** Pulses of intense light are delivered to the skin; and small sterilized needles are used to prick the skin to deliver a radio frequency to trigger the regeneration of collagen and elastin fibers.

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
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 permanent makeup, tattoo, and/pigmented lesion on requested treatment area that should be protected?	NO	YES
Any hair on requested treatment area that should be protected?	NO	YES
Intake of aspirin or anti-coagulants?	NO	YES

**PATIENT:** The nature of the procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the procedure. I hereby request such procedure be performed

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(Signature and date)

## FITZPATRICK SKIN TYPE QUESTIONNAIRE

(Circle the one that best describes you under each category)

### Genetic Disposition:

	0	1	2	3	4
What best describes your eye color?	Light Blue, Gray	Green	Blue	Brown	Dark Brown
What is your natural hair color?	Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black
What is the color of your skin (non-exposed areas)?	White	Very Pale	Pale with a Beige Tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

**Total Score:** \_\_\_\_\_

### Reaction to Sun Exposure:

	0	1	2	3	4
What happens when you stay in the sun?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To what degree do you brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown very 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:** \_\_\_\_\_

### Tanning Habits:

	0	1	2	3	4
When did you last expose your body to the sun or artificially tan?	More than 3 months ago	2 to 3 months ago	1 to 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:** \_\_\_\_\_

**Skin Type Score:**

0 to 7  
8 to 16  
17 to 25  
26 to 30  
Over 31

**Fitzpatrick**

I  
II  
III  
IV  
V-VI

**Skin Type:**

**I attest that the above information is true and understand that my provider relies on this information to provide safe and effective treatment.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_