

PRINTED NAME:

INFORMED CONSENT FOR IPL DRY EYE TREATMENT

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

ALTERNATIVE TREATMENTS: Heat and expression of meibomian glands, conventional dry eye therapy, monitoring.

NATURE OF PROCEDURE: Pulses of intense light are delivered to the skin of the eyelids and face.

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.

(Signature and date)

COUNSELING PHYSICIAN: I have counseled this patient to the nature of the proposed procedure, attendants involved, and expected results, as described previously.

(Signature and date)