

Dr. Michele Zormeier

INFORMED CONSENT FOR PHOTODYNAMIC SKIN REJUVENATION

Photodynamic Skin Rejuvenation is a treatment, which utilizes aminolevulinic acid (levalanJ or ALA) in combination with Intense Pulsed light. I understand that it is designed to treat a combination of skin changes, such as skin damage, brown pigment, fine lines, loss of elasticity, vascular changes, and some precancerous skin changes. As with any cosmetic procedure, results will vary with individuals.

I realize that there are some potential risks involved with **Photodynamic Skin Rejuvenation**. The addition of ALA to the Intense Pulsed Light treatment greatly increases my skin's sensitivity to light, especially in the first 48 hours after the procedure. Sun precaution measures have been fully explained to me, and I agree to comply with the instruction provided to me.

If you have any questions, please ask the doctor.

Area to be treated by Photodynamic Skin Rejuvenation:

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should be required.

By signing below, I acknowledge that I have read the foregoing informed consent and that I feel the doctor has adequately informed me of the risks of this procedure. I have also read and signed the VascuLight™ Informed Consent _____ (please initial).

Patient Signature: _____ Date: _____

Witness: _____ Date: _____