

**Informed Consent for Photodynamic Therapy (PDT)
DeSpain Cayce Dermatology Center and Medical Spa**

Name: _____ Date of birth: _____ Chart #: _____

I hereby authorize and direct Drs DeSpain/Cayce and their trained staff to use PDT to treat:
_____.

The fees for this procedure are either:

- a) To be billed to insurance, and I will be responsible for unpaid charges OR
- b) Paid at the time of service by me, the patient, as this service is not covered by insurance. (Fee: _____)

If I have microdermabrasion prior to treatment, there will be an additional fee NOT covered by insurance.

I verify that Drs DeSpain/Cayce, or their staff, have discussed this therapy with me, have provided necessary literature or web information, and I have considered the listed risks and benefits as well as alternative treatments. My questions have been addressed. I understand that there is no guarantee of improvement. I also note that several treatments may be needed in order to get the best possible results.

I verify that I do not have the rare disease known as porphyria and I am not pregnant. I have told the staff about all my medications. **If I have a history of cold sores, I note it here:** _____ (*staff notes:* _____)

I understand that Levulan (20% aminolevulanic acid) is a naturally occurring chemical that will make my skin very sensitive to all forms of light for 48 hours after application. It is activated in the medical office using specific wavelengths of light, which is known as PDT. This procedure was approved by the FDA specifically to treat actinic keratosis (precancerous changes in the skin due to sun damage).

This procedure has also been shown to help rosacea, improve acne, reduce sebaceous hyperplasia, decrease skin oiliness, improve texture, and reduce the signs of skin aging. These are 'off label' uses of PDT which are not covered by insurance, but may be improved using PDT.

The following points have been discussed with me:

- I understand that medical photographs will be taken before each treatment as part of my treatment record, but unless additional written permission is noted these pictures will not be shared with others.
- After washing my face, Levulan will be applied to my skin for approximately one hour, during which time I must wait in a darkened room in order to avoid activating the medication too early.
- I will then be treated with the medical light, which takes about 20 minutes. During this time I will experience tingling, prickling, stinging, or burning sensations. These feelings will improve when the light treatment is over, and usually resolve within a few minutes of turning the light off. I will have some discomfort for up to 24 hours after the treatment. I will then wash the Levulan off my skin.
- Over the next few days after treatment the treated area will redden, possibly swell, and then peel or even crust. Most of these expected side effects improve within 3-7 days of treatment. If I have a severe reaction there may be some long term or possibly permanent color changes (darker or lighter) of the skin. I will have to follow specific instructions on how to care for my skin after treatment, and I understand that by following these instructions my risks of long term problems are much less. **I note here that I have been given a copy of these instructions:** _____.
- I understand that for 48 hours after treatment I must avoid all sunlight and bright indoor light. Sun blocks will not completely protect my skin from further damage during this period.
- Redness of the skin may last for several weeks.
- I understand that I must keep suggested follow-up visits, I must report any problems or concerns to Dr DeSpain/Cayce or their staff promptly, and that there may be additional fees for additional services.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMED CONSENT FORM AND THAT THE DOCTOR AND/ OR HIS REPRESENTATIVE HAVE ADEQUATELY INFORMED ME OF THE RISKS OF THIS TREATMENT AND ALTERNATIVES. I HEREBY CONSENT TO BE TREATED.

DATE

PT SIGNATURE

WITNESS/RELATION TO PT

PHYSICIAN

BY MY INITIALS I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS FORM _____