

**CONSENT TO PERFORM CLEAR LIGHT  
ACNE PHOTOTHERAPY TREATMENT**

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**PURPOSE**

Treatment of mild to moderate inflammatory Acne Vulgaris by destroying the most common bacteria that causes acne for all skin types.

**PROCEDURE**

Treatment takes 23 minutes under a therapeutic UV safe light once or twice a week for 10 weeks.

**RISKS/DISCOMFORT**

**Discomfort** – There may be some discomfort.

**Wound Healing** – There may be some temporary redness, swelling or minor blistering.

**Pigment Changes** – There is a small risk in changes in skin texture and pigmentation, which are usually temporary.

**QUESTIONS**

A member of the Center for Dermatology & Skin Cancer staff has explained the nature of the procedure and its alternative treatments, and the benefits to be reasonably expected compared with alternative approaches and your questions were answered. If you have any other questions about this procedure, you may call us at (630) 964-2000. This document is written confirmation of this discussion.

**CONSENT**

You have read this form and understand it. You request the performance of the procedure(s) described above. You have been given a copy of this consent form. Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to perform Clear Light Acne Phototherapy treatment.

The nature and purpose of this procedure, with possible complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I agree to have photographs taken for documentation as well as teaching and research purposes, as well as for possible use in publications.

I have read the consent and certify that I understand its contents in full. I have had enough time to consider the information and feel that I am sufficiently advised to consent to this procedure. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with Center for Dermatology & Skin Cancer staff.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center for Dermatology & Skin Cancer

\_\_\_\_\_  
Date

**COSMETIC PROCEDURE AGREEMENT**

As of 2/1/10

(this form also in patient handout book)

DATE: \_\_\_\_\_

PROCEDURE	SITE	PRICE
1064 (VASCULAR LASER VEINS-STARLUX)	PER 30 MINUTE SESSION	\$350
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	Eyes	\$150
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	FACE	\$350
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	NECK	\$250
1540 (HAND PIECE LIKE FRAXEL-STARLUX)	BODY	\$500
ACNE EXTRACTIONS	FACE	\$50
ACNE EXTRACTIONS	BACK	\$100
BIOPSY & PATHOLOGY	PER LESION	\$150
BOTOX <b>OR</b> DYSPORT	GLABELLA	\$330
BOTOX <b>OR</b> DYSPORT	FOREHEAD	\$330
BOTOX <b>OR</b> DYSPORT	GLABELLA & FOREHEAD	\$660
BOTOX <b>OR</b> DYSPORT	CROWS FEET	\$250
CHEMICAL PEEL (alpha hydroxyl or salicylic acid)	FACE	\$50
CHEMICAL PEEL (alpha hydroxyl or salicylic acid)	BACK OR CHEST	\$125
CHEMICAL PEEL (trichloroacetic-medium peel)	FACE OR SCALP	\$750
BLUE LIGHT / CLEARLIGHT	PER SESSION FACE OR BACK	\$50
C02 LASER RESURFACING	UPPER EYELIDS	\$500
C02 LASER RESURFACING	LOWER EYELIDS	\$1,000
C02 LASER RESURFACING	UPPER & LOWER EYELIDS	\$1,250
C02 LASER RESURFACING	LIP IF DONE ALONE	\$750
C02 LASER RESURFACING	LIP IF DONE WITH EYELIDS	\$500
COSMETIC CONSULT (IF BOOKING A PROCEDURE THE \$50 GETS APPLIED TO THE PROCEDURE DAY OF PROCEDURE. HAIR CONSULT FREE.)		\$50
DYSPORT ( <b>SAME PRICES AS BOTOX ABOVE</b> )		
ERBIUM LASER	PER TREATMENT PER SITE	\$300
EXCIMER LASER	PER TREATMENT	\$150
EXCISION & PATHOLOGY	PER LESION DEPENDING ON SIZE & SITE	\$300-500
FILLERS (RESTYLANE, JUVEDERM, PERLANE)	1 vial	\$399
FRAXEL LASER	PER SESSION/EYES	\$200
	IF DONE W/ FULL FACE	\$100
FRAXEL LASER	PER SESSION/FACE	\$750
FRAXEL LASER	PER SESSION/NECK	\$300
FRAXEL LASER	PER SESSION/CHEST	\$750
FRAXEL LASER	PER SESSION/HANDS	\$250
GENTLEWAVES	PER SESSION PER SITE	10/\$200 or \$25 ea
GENTLEWAVES W/ REPLENIX	PER SESSION PER SITE	\$50
GENTLEWAVES W/ MICRODERM	PER SESSION PER SITE	\$95
IPL HAIR REMOVAL	SEE PRICE LIST	
IPL PHOTO REJUVENATION (face, arms, etc.)	PER SESSION PER SITE	\$200
IR (HAND PIECE LIKE THERMAGE-STARLUX)	BODY	\$500
IR (HAND PIECE LIKE THERMAGE-STARLUX)	FACE	\$350
IR (HAND PIECE LIKE THERMAGE-STARLUX)	NECK	\$150

JUVEDERM	1 VIAL	\$399
KTP (angiomas only)	PER 30 MINUTE SESSION	\$350
KTP (vascular laser face veins)	PER SESSION/FACE	\$200
KTP (vascular laser face veins)	PER SESSION/NOSE OR SPOT TREATING	\$150
LATISSE	PER PK (1 ML BOTTLE)	\$129
LUX V / ACNE	PER SESSION PER SITE	\$100
MICRODERMABRASION	PER SESSION/FACE	\$75
MICRODERMABRASION	PER SESSION/BACK OR CHEST	\$125
RESTYLANE	1 VIAL	\$399
REVAGE HAIR SOLUTIONS	45 TREATMENTS <i>IF PAID IN FULL</i>	\$3,800
REVAGE HAIR SOLUTIONS	<i>IF PAID IN INSTALLMENTS</i>	\$4,000
SKIN TAGS	PER AREA	\$125
SPIDER VEIN INJECTION	PER SESSION/PER LEG	\$300
SUPER PEEL (MICRODERM W/ PEEL)	PER SESSION	\$120
TATOO REMOVAL (Q YAG)	PER SESSION DEPENDING ON SIZE	\$150-350
TATOO REMOVAL CONSULTATION BY DOCTOR		\$90
THERMAGE	FULL FACE (600 pulses)	\$999
THERMAGE (EYES)	EYES, PERI, FOREHEAD EYES IF DONE W/ FULL FACE	\$999 \$399
THERMAGE (NECK)	NECK	\$799
THERMAGE (LIPS)	LIPS	\$499
THERMAGE (HANDS)	HANDS	\$799
THERMAGE (BODY)	<i>SEPARATE LIST</i> (to be determined) ~	\$1,699
WARTS C02 LASER	PER SESSION. (NEED TO SEE PATIENT. DEPENDS ON SITE. LOCATION & NO. OF WARTS.)	\$250- 500

### IPL HAIR REMOVAL PRICES PER PROCEDURE:

SCALP	\$200	NECK (fwd of ear)	\$150	ABDOMEN	\$150
BEARD FULL (face & neck)	\$250	NECK (back of ear)	\$150	FLANK	\$150
FOREHEAD	\$100	FEET	\$100	CHEST	\$200
NOSE	\$75	HANDS	\$100	BREAST	\$125
EARS	\$100	BIKINI FULL	\$200	BACK FULL	\$300
GLABELLA	\$50	BIKINI MINI	\$125	BACK HALF	\$175
LIP UPPER	\$100	UNDERARMS	\$100	BUTTOCKS	\$150
CHIN	\$100	SHOULDERS	\$125	THIGHS	\$200
SIDEBURN	\$100	FOREARMS	\$150	LEGS KNEE & ABOVE	\$200
CHIN/SIDEBURN	\$150	ENTIRE ARMS	\$250	LEGS KNEE & BELOW	\$200

***\*Above prices subject to change.***

**PERSONAL CHECKS UP TO \$200.00 ARE ACCEPTED FOR COSMETIC PROCEDURES. FOR COSMETIC PROCEDURES OVER \$200.00 CASH, CREDIT OR DEBIT CARD (MUST COME IN TO SIGN FOR OR FAX CREDIT CARD AUTHORIZATION APPROVAL), CERTIFIED CHECK OR MONEY ORDER ARE ACCEPTED FOR PAYMENT.**

I agree to pay the above fee schedule prior to any procedure I receive.

***If this Agreement is pertaining to a Fraxel, Thermage or LUX1540 Procedure I certify that I have read the Fraxel/Thermage Agreement and understand that a down payment of \$500.00 (or \$\_\_\_\_\_ if not a full face procedure) or if LUX 1540 payment in full is due at this time in full and is non-refundable. If an appointment date needs to be rescheduled for said procedure you must call and reschedule 10 days prior to your original appointment or your deposit will be forfeited.***

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
PATIENT OR GUARDIAN SIGNATURE