

IPL TREATMENT

OptiLight Post Treatment Instructions

AFTER TREATMENT

Immediately following treatment, you may notice slight redness to your eyelids, eyes and face. This redness can last anywhere from a few hours to three days. Pigmented areas on the skin may appear darker. Superficial pigment may darken, dry and slough off within 7 to 10 days. Dryness and grittiness may worsen within the first few treatments due to evacuation of diseased oil. Follow your eye/eyelid treatment regimen listed below to help alleviate these symptoms.

POST TREATMENT REGIMEN

- Keep treatment area clean by gently wiping with water and a clean cloth. Be gentle applying all products.
- If treatment area is red following the procedure, you may apply a cold compress.
- Avoid scented moisturizers and products containing alcohols, acids, or exfoliating chemicals.
- Keep treatment area moisturized with a facial moisturizer. Aquaphor is recommended.
- Use sunscreen SPF 30 or greater daily until the next session. Avoid direct sunlight

Call our office if any additional problems, questions or concerns arise.

OPTILIGHT

OptiLight is the first and only FDA approved light-based treatment for Dry Eye Disease. It utilizes Lumenis' patented Optimal Pulse Technology paired with clinically validated treatment protocols, to help stop your dry eye cycle.

UPCOMING APPOINTMENTS

TREATMENT:

TREATMENT:

TREATMENT:



DR. ROBERT TYSZKO, O.D., F.A.A.O.

DR. LINDA S. GILLIGAN, O.D.

603-924-9591

129 WILTON RD
PETERBOROUGH, NH 03458



I authorize **Dr. Robert Tyszko** **Dr. Linda S. Gilligan** to perform IPL treatments on in an effort to improve Dry Eye Symptoms, Rosacea, and/or other: _____.

I understand that there is a rare possibility of side effects or serious complications including permanent discoloration and scarring. I am aware that careful adherence to all advised instructions will help reduce this possibility.

I understand the below list of short term effects and agree to the following guidelines:

- Flaking of pigmented lesions - crusts may take 5 to 10 days to disappear and it is important not to manipulate or pick, which can lead to scarring.
- Discomfort - during the procedure I might experience a sensation similar to rubber band snap, varying based on the degree of my skin condition and area sensitivity. This is brief. A mild sun burn like sensation will follow in the hour after your procedure. This sensation can be reduced by using cool compresses.
- Reddening and Swelling - severity and duration depends on the intensity of the treatment and sensitivity of the area being treated. Using cooling/anti-inflammatory creams will help reduce this.
- Bruising- may rarely occur and may last up to two weeks.

I understand that sun exposure or tanning of any sort is not allowed during pre and post care and may increase the chance of complication.

The procedure as well as the potential benefits and risks have been thoroughly explained to me and any questions have been answered.

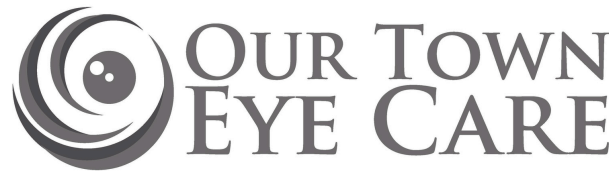
I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required

I understand that on the day of treatment I should not wear any makeup or skin lotions on or near the treatment area.

I agree to review the IPL pre-treatment compliance checklist along with my physician. I agree to provide my updated and accurate medical history, to the best of my knowledge.

After care should include the use of sunscreen (minimum of SPF 30) to the treated areas for two weeks after treatment. I agree to wear sunglasses when outside for 15 days following treatment.

Patient's Signature: _____ Date: _____



FINANCIAL RESPONSIBILITY NOTICE

Medical and/or Vision insurance plans do not cover IPL procedures. IPL procedures are a 100% out of pocket expense. You will be expected to pay for these procedures prior to treatment.

The following service(s) will **not** be submitted to any insurance carrier and payment will be collected on the day of treatment:

IPL Single Treatment - \$250.00

IPL Package(4 treatments) - \$900.00 (save 10%)

I have read and understand the above statements and agree to pay for all services. I understand my insurance will not be billed for the procedures listed above.

Date: _____

Patient's Printed Name: _____

Patient's Signature: _____



Please read the following and check yes or no for each.

Yes / No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | History of fainting (vasovagal/syncope response) |
| <input type="checkbox"/> | <input type="checkbox"/> | Natural or artificial sun exposure in the last 3-4 weeks pre-procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of self tanners within 3-4 weeks pre-procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of photosensitive herbal preparations (St John's Wort, Gingko Biloba, etc.)
photosensitive medications (doxycycline, minocycline, tetracycline) or essential oils. |
| <input type="checkbox"/> | <input type="checkbox"/> | Diseases which may be stimulated by light (515nm to 1200nm) (Systemic Lupus, Erythematosus or Porphyria) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pregnant, chance of pregnancy, postpartum or nursing |
| <input type="checkbox"/> | <input type="checkbox"/> | Inflammatory skin conditions (dermatitis, active acne, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence or history of active cold sores or herpes simplex virus |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV |
| <input type="checkbox"/> | <input type="checkbox"/> | Active cancer (currently on chemotherapy or radiation) |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous skin cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | History of keloids |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of isotretinoin within the last year |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical history of Koebnerizing Isomorphic diseases (Vitiligo, Psoriasis, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any known allergies |
| <input type="checkbox"/> | <input type="checkbox"/> | Any tattoo or pigmented lesion on treatment area that should be protected |



Please read the following and check yes or no for each.

Yes / No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Hormonal or endocrine disorders (PCOS, uncontrolled diabetes) |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous hair removal procedures in the treatment area (other IPL/laser removal, wax, electrolysis, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any hair on treatment area that should not be removed |
| <input type="checkbox"/> | <input type="checkbox"/> | History of shingles |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous skins procedures in treatment area (botox, fillers, peels, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Intake of aspirin or anti-coagulants |
| <input type="checkbox"/> | <input type="checkbox"/> | Easily bruising |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take Methotrexate (rheumatex)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take Accutane (zenatane)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you used topical retinol in the last two weeks? |