

Anne M. Nickodem, M.D., F.A.C.S.

Aesthetic, Breast and Reconstructive Surgery



Patient Name: _____

PROLITE™ Vascular and Pigment Consent

The Prolite™ is an intense pulsed light device used for the treatment of benign vascular and pigmented lesions. The purpose of this procedure is to lighten, fade, or remove benign blood vessels, birthmarks, sun damage/pigmentation spots, spider leg veins, and/or stretch marks.

The light wavelength, exposure duration and energy level are chosen to selectively damage the targeted blood vessels with minimum damage to the surrounding tissue. The IPL energy is absorbed by the blood vessel, resulting in their heating. The blood vessel walls are damaged and these damaged vessels are absorbed by the body, rendering the lesion invisible. Contraindications may include: pregnancy, use of medications that increase photosensitivity, diabetes, history of keloid scarring, use of anti coagulants, and history of bleeding disorders. Recent sun exposure or planned sun exposure is also contraindicated. IPL therapy may consist of multiple treatments given over several months with gradual clearing occurring over this time. Clinical results may vary per patient.

As a Prolite™ patient, I understand...

- that there is a possibility of rare side effects such as scarring and permanent discoloration, as well as short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin. These side effects have been fully explained to me.
- that there may be other treatment options. With this in mind, I am choosing to try IPL, a non-invasive treatment for vascular and/or pigmented lesions.
- that this procedure is generally considered cosmetic and thus not covered by insurance. I am responsible for all costs of treatment.
- my responsibility of properly fulfilling the appropriate after-care instructions as explained by Dr. Nickodem and/or her staff.

I have read and understand this agreement and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

1. Date: _____	Patient Signature: _____	Witness Signature: _____
2. Date: _____	Patient Signature: _____	Witness Signature: _____
3. Date: _____	Patient Signature: _____	Witness Signature: _____
4. Date: _____	Patient Signature: _____	Witness Signature: _____
5. Date: _____	Patient Signature: _____	Witness Signature: _____
6. Date: _____	Patient Signature: _____	Witness Signature: _____
7. Date: _____	Patient Signature: _____	Witness Signature: _____
8. Date: _____	Patient Signature: _____	Witness Signature: _____
9. Date: _____	Patient Signature: _____	Witness Signature: _____
10. Date: _____	Patient Signature: _____	Witness Signature: _____

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