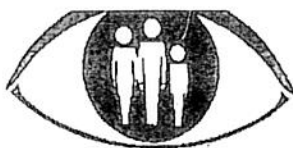


Wagner Family Eyecare
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PO Box 307
Seneca, PA 16346
www.wagnerfamilyeyecare.com

David A. Wagner, OD
Kelly L. Seibert, OD
Makayli B. Terwilliger, OD
Phone: (814) 677-6636
Fax: (814) 677-9562

Please read and initial each statement. Complete, underline or circle individual selection accordingly.

- | | <u>Initials</u> |
|---|-----------------|
| <p>◦ I authorize Doctor _____ to perform IPL™ treatments on me in an effort to improve Dry Eye Disease due to Meibomian Gland Dysfunction / Dyschromia / Hyperpigmentation / Hair Reduction / PWS / Haemangioma / Angioma / Rosacea / Telangiectasia /
Other: _____</p> | _____ |
| <p>◦ I understand that without eye protection, IPL applied near the eyes may cause severe ocular complications</p> | _____ |
| <p>◦ 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</p> | _____ |
| <p>◦ I understand the below list of short-term effects and agree to follow matching guidelines:</p> <ul style="list-style-type: none">▫ Flaking of pigmented lesions – crusts may take 5 to 10 days to disappear and it is important not to manipulate or pick which may otherwise lead to scarring▫ Discomfort – during the procedure, I might experience a sensation similar to a rubber band snap which degree will vary per my skin condition and area sensitivity but that does not last long. A mild “sun-burn” sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams▫ Reddening and swelling – severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with application of cooling and/or anti-inflammatory creams▫ Bruising may rarely occur and may last up to 2 weeks | _____ |
| <p>◦ I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and may increase the chance for complications</p> | _____ |
| <p>◦ The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered</p> | _____ |
| <p>◦ Pre and post-care instructions have been discussed and are completely clear to me</p> | _____ |
| <p>◦ 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</p> | _____ |
| <p>◦ I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record</p> | _____ |
| <p>◦ I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity</p> | _____ |
| <p>◦ I agree to review the following IPL™ pre-treatment compliance checklist along with my Physician and bring accurate and updated data, to the best of my knowledge</p> | _____ |

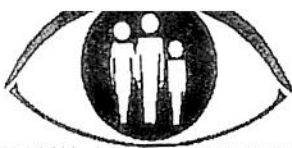


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For Dry Eye Disease due to Meibomian Gland Dysfunction:

	Skin type of the area to be treated: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/>			
OptiLight	Ocular surgery or eyelid surgery, within 6 months prior to the first IPL session?	NO	YES	
	Neuro-paralysis in the planned treatment area, within 6 months prior to the first IPL session ?	NO	YES	
	Uncontrolled eye disorders affecting the ocular surface, for example active allergies ?	NO	YES	
	Pre-cancerous lesions, skin cancer or pigmented lesions in the planned treatment area ?	NO	YES	
	Uncontrolled infections or uncontrolled immunosuppressive Diseases ?	NO	YES	
	Ocular infections, within 6 months prior to the first IPL session ?	NO	YES	
	Prior history of cold sores or rashes in the perioral area or in the planned treatment area that could be stimulated by light at a wavelength of 560 nm to 1200 nm, including: Herpes simplex 1 & 2, Systemic Lupus erythematosus, and porphyria ?	NO	YES	
	Within 3 months prior to the first IPL session, use of photosensitive medication and/or herbs that may cause sensitivity to 560-1200 nm light exposure, including: Isotretinoin, Tetracycline, Doxycycline, and St. John's Wort ?	NO	YES	
	Radiation therapy to the head or neck, within 12 months prior to the first IPL session ?	NO	YES	
	Planned radiation therapy, within 8 weeks after the last IPL session	NO	YES	
	Treatment with chemotherapeutic agent, within 8 weeks prior to the first IPL session ?	NO	YES	
	Planned chemotherapy, within 8 weeks after the last IPL session ?	NO	YES	
	History of migraines, seizures or epilepsy ?	NO	YES	
	Tattoos in the planned treatment area ?	NO	YES	
Exposure to sun or artificial tanning during 3-4 weeks prior to Treatment ?	NO	YES		
Any remaining suntan, sunburn or artificial tanning products ?	NO	YES		

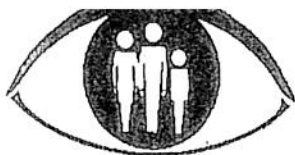


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For all other conditions (relevant for an upgraded configuration of the OptiLight device):

	Skin type of the area to be treated: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>					
	Natural or artificial sun exposure in the past 3-4 weeks pre-op or the following 3-4 weeks post-op plan				NO	YES
	Use of self-tanners or tan enhancer caps within the past 3-4 weeks pre-op plan				NO	YES
	Photosensitive herbal preparations (St John's Wort, Ginkgo Biloba, etc...) or aromatherapy (essential oils)				NO	YES:
	Diseases which may be stimulated by light at 400 nm to 1200 nm, such as history of Systemic Lupus Erythematosus or Porphyria				NO	YES:
	Pregnant or possibility of pregnancy, postpartum or nursing				NO	YES
	Inflammatory skin conditions (dermatitis, etc...)				NO	YES:
	Presence or history of active cold sores or herpes simplex virus				NO	YES
HR	HIV				NO	YES
PL	Active cancer (currently on chemotherapy or radiation)				NO	YES
SR	Previous skin cancer?				NO	YES
VL	Medical history of keloids				NO	YES
	Intake of isotretinoin within the past year				NO	YES
	Medical history of Koebnerizing isomorphic diseases (vitiligo, psoriasis)				NO	YES:
	Any known allergy?				NO	YES:
	Any tattoo and/or pigmented lesion on requested treatment area that should be protected?				NO	YES
	List of additional current medication taken					
HR	Hormonal or endocrine disorders (PCOS or uncontrolled diabetes?)				NO	YES:
	Previous hair removal procedures on requested treatment area (other IPL/laser, wax, electrolysis, etc...)				NO	YES: what/when?
PL	Any observed modification (colour, size, texture and border) on the lesion to be treated?				NO	YES:
SR	Any hair on requested treatment area that should not be removed?				NO	YES
VL	Age of lesion onset?					
PL	Previous skin procedures on requested treatment area (Botox, fillers, peels, etc...)				NO	YES: what/when?
SR	Intake of aspirin or anti-coagulants?				NO	YES:
VL	Easy bruising?				NO	YES



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My signature certifies that I duly read and understood the content of this informed consent form, and that I gave the accurate information as to my health condition. I hereby freely consent to OptiLight IPL treatments

Name of patient (please print)

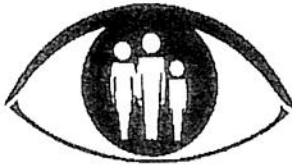
Signature of patient

Date

Name of witness (please print)

Signature of witness

Date



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Please read and initial each statement. Complete, underline or circle individual selection accordingly.

Patient Name: _____

Patient Signature: _____

Date: _____

Initials: _____

☒ I authorize Wagner Family Eyecare to perform IPL™ treatments on me. _____

in an effort to improve Dry Eye Disease due to
Meibomian Gland Dysfunction / Dyschromia /
Hyperpigmentation / Hair Reduction / PWS /
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Other: _____

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Patient Name _____ Date: _____

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▣ Reddening and swelling – severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with application of cooling and/or anti-inflammatory creams.

▣ Bruising may rarely occur and may last up to 2 weeks.

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Skin typing assessment quiz

Page 1 / 2

One of the most important factors in deciding which Laser/IPL™ (and settings) to use is the patient skin type. Skin typing is determined by genetics, reaction of the skin to sun exposure and tanning habits. The following skin type quiz¹ is intended **as a sample only** to provide additional help in the evaluation of an individual skin type. *Skin typing of the area to be treated* is to be assessed. Lumenis takes no liability on that document and its content is not intended to be a substitute for professional medical diagnosis.

Genetic predisposition						Report Score ↓
Score →	0	1	2	3	4	
What is the colour of your eyes?	Light blue, grey, green	Blue, grey or green	Blue	Dark brown	Brownish black	.....
What is the natural colour of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black	.....
What is the colour of your skin (non-exposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	.....
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	.....
Total score for genetic predisposition:						.....


Reaction to sun exposure						Report Score ↓
Score →	0	1	2	3	4	
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns	.....
To what degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly	.....
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	.....
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	.....
Total score for reaction to sun exposure:						.....

Tanning habits						Report Score ↓
Score →	0	1	2	3	4	
When did you last expose your body to sun (or artificial sunlamp/self-tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	.....
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	.....
Total score for tanning habits:						.....

Add up the total scores for each of the three sections for your Skin Type Score:

¹ Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation

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<div>  </div> Skin Type Score	Skin Type	Features
0-7	I	Caucasian / freckles Always burns and never tans (pale white skin)
8-16	II	Caucasian / freckles Burns easily and tans minimally (white skin)
17-25	III	Darker Caucasian Burns moderately and tans gradually (light brown skin)
25-30	IV	Mediterranean, Asian, Hispanic Burns minimally and always tans well (moderate brown skin)
Over 30	V	Middle Eastern, Latin, light-skinned black, Indian Rarely burns and tans profusely (dark brown skin)
	VI	Never burns (deeply pigmented dark brown to black skin)

Report total skin type score:

Quiz skin type:

Diagnosed skin type:

Has a consent form been signed?
(pls circle)

Yes / No

Has an additional pre-treatment compliance
checklist been completed?(pls circle)

Yes / No

Assessment conducted by:
(pls print name)

Date of assessment:

Name of patient:

Signature of patient:
(I attest hereby that I have
answered the above
to the best of my knowledge)

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