

Prior to Fractional Resurfacing Instructions

Prior to the procedure you should:

- Not have sun exposure or tanning within 10 days
- Not use self-tanning lotions within 10 days
- Not have lasers or IPL procedures within 3 weeks
- Not have plucking, waxing or peels within 3 weeks
- Not have taken Acutane within 6 months
- Not have used retinoids for 10 days
- Never have taken gold or silver treatments of any kind
- Not have Botox within 1 week
- Not have fillers within 2 weeks
- Not have taken aspirin, nsoids or other anti-inflammatories within a week
- Take anti-viral therapy beginning the day before the procedure and continue for 5 days afterwards. Dorset Street Dermatology will provide a prescription for you if you need one

Day of the procedure you should:

- Arrive 1 hour prior to your procedure. We will schedule you for this time and tell you the exact time to arrive. This will allow time for the proper forms to be signed and the anesthetic to be applied. The anesthetic will remain on your skin for 45 minutes.
- Arrive without contacts lenses in
- Arrive with no make-up on

It is rare that anyone needs more anesthetic than the topical cream applied at the office. Sedatives are generally not given prior to the procedure. After the procedure, ibuprofen or Tylenol typically is all the analgesic required. If you take a sedative, tranquilizer or pain medication, please let us know so proper precautions can be taken.

Although complications are not common and rarely cause permanent problems, they can occur. The most common are acne like eruptions and herpetic outbreaks (fever blisters). Both will resolve spontaneously. Some people will have prolonged redness and/or swelling. Again this resolves spontaneously. Rarely hyperpigmentation (dark areas) or hypopigmentation (light areas) can occur and these usually resolve spontaneously. Bacterial infections are rare but can occur.

If you have any questions, please call our office at (802) 660-8808 prior to your procedure or ask your provider before starting the treatment.



Post Fractional Resurfacing Care

After resurfacing, your skin will feel hot, much like a sun burn. Cold compresses will be applied immediately after the procedure. This sensation will decrease significantly within 1 or 2 hours, but may persist for 24-48 hours but usually in a milder form. You may apply ice or cold compresses as needed. Some people will have mild swelling of the treated area. This often peaks on the 3rd day. If it is bothersome, over the counter antihistamines are helpful like Zyrtec, Allegra or Claritin. Occasional itching may occur and the antihistamine will help that as well. Itching will also respond to a cold mixture of 1 tbs of white vinegar in one quart of water applied as a cold compress.

Just after the treatment use *Procell*, *Biafine*, *Cerave ointment* or *Aquaphor*. This should be applied at least 4 times a day for at least 3 days. Chilling the creams in the refrigerator will soothe the warm sensation.

After the procedure you may have a bit "oozing" or pin point bleeding. This is generally kept soft by the moisturizers and can be easily washed off. You may get some scabbing. This is normal.

Washing should be done with a mild soap like Cerave Hydrating Cleanser or Cetaphil twice a day for at least 1 week. Wash in tepid, NOT hot water. Wash gently initially. Do not scrub. Do not use a luffa or other abrasive cloth.

Mineral based make up like Jane Iredale can be applied 3 days after the procedure. Non mineral based makeup types can be used 5 days after the procedure.

Sun exposure should be avoided for at least 1 week. Beginning 2 days after the procedure use a sun block with a minimum SPF 30. Remember sun is what did most of the damage to your skin and sun block is your best defense against further skin damage.

You should not exercise or work out for 1 week.

You may resume or start the use of topical retinoids in 3 weeks.

After 3 months you may resume waxing, microdermabrasions and light peels.

You may have Botox or fillers injected 1 week after resurfacing.

Remember most people have the best results with a series of 2 or 3 treatments depending on the condition treated. Improvement continues for 4-6 months after the procedure. Repeat treatments should be done in 4-6 months.

Please call our office if you develop sudden swelling, fever, chills, nausea vomiting or increased pain that is not relieved with Advil or Tylenol.

SKIN TYPE QUESTIONNAIRE

Please answer the following questions by checking the box which best describes you. We will total the score.

Name: _____ Date: _____

My Ethnic Origin is Closest To:

- Very fair (Celtic and Scandinavian) I
- Fair skinned Caucasian with light hair and light eyes II
- Pale skinned Caucasian with dark hair and dark eyes III
- Olive skinned (Mediterranean, some Asian, some Hispanics) IV
- Dark skinned (Middle Eastern, Hispanic, Asians, Some Africans) V
- Very dark skinned (African) VI

My Eye Color is:

- Light Blue 0
- Blue/Green 1
- Green/Gray/Golden 2
- Hazel/Light brown 3
- Brown 4

My Natural Hair Color at Age 18 Was:

- Red 0
- Blonde 1
- Light Brown 2
- Dark Brown 3
- Black 4

The Color of My Skin that is Not Normally Exposed to Sun is:

- Pink to reddish 0
- Very pale 1
- Pale with a beige tint 2
- Light brown 3
- Medium to dark brown 4
- Dark brown-black 5

If I Go Into the Sun for an Hour or so Without Sunscreen and Have Not Been Out in the Sun for Weeks, My Skin Will:

- Burn, blister and peel 0
- Burn, then when the burn resolves there is little or no change 1
- Burn but then turns to tan in a few days 2
- Get pink but then turns to a tan quickly 3
- Just tan 4
- Just gets darker 5
- Skin color is so dark I can't tell 6

When was the Last Time the Area to be Treated was Exposed to Natural Sunlight, Tanning Booths or Artificial Tanning Cream:

- Longer than a month ago 0
- Within the past month 1
- Within the past two weeks 3
- Within the past week 4

Comments: _____

Score	Type
0 – 3	I
4 – 7	II
8 – 11	III
12 – 15	IV
16 – 19	V
20 – 24	VI



Consent for Fractional Resurfacing

I consent to and authorize Jacqueline Fournier, PA-C /Phoebe Pelkey, PA-C to perform treatments for Carbon Dioxide Fractional Resurfacing.

Although this procedure is very safe with a low incidence of adverse effect, occasionally complications occur. They may include but are not limited to:

- **Discomfort:** Temporary discomfort/pain during and after the treatment may be experienced
- **Bruising and Infection:** A bruise may appear on the treated area, which might last from five to fifteen days. The laser may precipitate an outbreak of viral blisters, particularly with a history of cold sores. These can usually be prevented by beginning anti-viral medication the day prior to the procedure. Bacterial infection can happen but is rare.
- **Erythema and Swelling:** Redness and edema (swelling) of the treated area can occur but usually subsides within a few hours but can last a few days. Irritation, itching a burning sensation or pain may occur within 48 hours of treatment.
- **Pigment Changes:** Pigment changes such as hyper/hypopigmentation can occasionally occur. Mostly it is transient, but in rare cases it can be permanent. Most cases of hypo or hyperpigmentation occur in people with darker skin or when the treated area has been exposed to sunlight before or after treatment. Rarely these pigment changes occur despite appropriate protection from the sun.
- **Other known complications of this procedure include:** Blisters, pinpoint bleeding, bruising, superficial crusting, burns, pain, scarring and infections. These side effects are usually temporary.
- **Eye Exposure:** Protective eyewear will be provided. It is important to keep goggles on at all times during the procedure to prevent permanent damage to the eyes.

Consent:

Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated. I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks, there may be other treatments options, such as injections, other types of lasers/light sources or peels. With this in mind, I am choosing this treatment for my skin conditions.

I understand that there is a 24 hour cancellation policy. I understand \$500 will be charged if I fail to show for my appointment or do not cancel within 24 hours prior to my scheduled appointment.

I have read and understand the Pre-Post treatment instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of scarring, and other side effects and complications such as hyper-pigmentation, hypo-pigmentation, and other skin textural changes. I have disclosed all medications that I am currently taking. I have no history of taking gold or silver salts, treatments or facials. I understand that this examination is not meant to replace the necessity for a complete dermatological examination.

No guarantee, warranty, or assurance as been made to me as to the results that may be obtained. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatments over several months with gradual results occurring for 4-6 months. Clinical results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment. The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative treatments and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment. I release Dorset Street Dermatology and staff and specific technicians from any and all liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

By providing my electronic signature, I acknowledge that I have fully read and understood the above information. My questions have been answered satisfactorily. I accept the risks and potential complications of this procedure and hereby give my informed consent to this and all subsequent treatments with the Fractional Laser. I hereby release Dr. Schwartz, the provider performing the procedure and Dorset Street Dermatology from any liability associated with this procedure.



Cosmetic Payment Policy

Thank you for choosing Dorset Street Dermatology as your Medical Spa. We are committed to providing you with the highest quality medical and cosmetic care, in an efficient, timely and cost-effective manner. Please take a moment to review our financial policy so that you understand your responsibility regarding the charges for the services rendered to you by this office.

Payment is required at the time of service: We accept cash, checks, Visa, MasterCard, Discover and American Express.

Credit Card on File: All patients are required to keep a credit card on file and signed authorization to charge the card for patient balances. Please present the credit card to put on file when you check in. If the credit card is denied for any reason, we reserve the right to charge an additional \$25 administrative fee if we are not able to run a new credit card within 7 days. You will be contacted via phone asking for the new credit card information.

No Shows and Late Cancellations: We require advance notice of 48 hours if you must cancel/reschedule your appointment. If appropriate notice is not given you will be charged at least a \$50 fee directly to the credit card on file. The fee varies based on the type of procedure:

- Appointment with an Aesthetician - \$50 fee
- Botox/Dysport/Xeomin - \$50 fee
- Sclerotherapy - \$200 fee
- Injectable Procedure - \$250 fee for late cancellations, \$500 fee if no notification is given (no-show)
- Sculptra - \$325 per vial deposit required at time of scheduling. Deposit is nonrefundable if cancelled with less than 3 business days' notice.
- Fraxis CO2 Laser Procedure - \$500

I have read the above policies and accept the terms as outlined above. I give Dorset Street Dermatology permission to charge my credit card on file for no shows or late cancellations as outlined above.

Patient or Responsible Party Signature: _____

Date: _____