



Heather J. Roberts, M.D.

A Medical Corporation

Dermatology & Dermatologic Surgery
Cosmetic & Laser Surgery

Diplomate, American Board of Dermatology
Fellow, American Academy of Dermatology
American Society of Dermatologic Surgery
California Dermatology Society
The American Society for Laser Medicine and Surgery
Skin Cancer Foundation
Clinical Associate Professor of Dermatology,
USC Keck School of Medicine

INFORMED CONSENT FOR PHOTODYNAMIC THERAPY (WITH BLU-U, VBEAM AND/OR OMNILIGHT)

I, _____, authorize Heather J. Roberts, M.D. or _____ M.D. to perform photodynamic therapy on my FACE /SCALP /HANDS /ARMS / CHEST / BACK / LEGS / _____(CIRCLE).

Levulan (Aminolevulinic acid 20%) is a naturally occurring photosensitizing compound which has been approved by the FDA to treat pre-cancerous skin lesions called "actinic keratoses". Levulan is applied to the skin and subsequently "activated" by specific wavelengths of light. This process of activating Levulan with light is termed **Photodynamic Therapy** or "PDT". Existing pre-cancerous lesions are thus treated and destroyed. Additional potential benefits of PDT are treatment and prevention of future actinic keratoses, improved overall skin appearance, reduction in acne rosacea, acne vulgaris, oil gland bumps, brown spots, skin oiliness and improved texture and smoothness. The treatment of these skin conditions (other than actinic keratoses) is not FDA approved and is considered an "off label" use.

I understand that Levulan will be applied to my skin for 15 – 60 minutes. Subsequently, the area will be treated with a specific wavelength of light to activate the Levulan. After my treatment, I will wash off any Levulan on my skin. **I understand that I should avoid both very bright indoor light and sunlight for 24 hours following the treatment due to increased sensitivity to light.**

Anticipated side effects of Levulan treatment include: mild discomfort, like a sunburn, swelling, redness and possible skin peeling, especially in any areas of severe sun damage. In addition, in the treated areas, lightening or darkening of skin tone and spots as well as hair removal may occur. Peeling may last 2 – 7 days although with post treatment Biafine cream use, peeling may be minimal to absent. This does not mean the PDT "didn't work". Redness usually lasts 2 – 7 days, but may last for several weeks if there is an exuberant response to treatment.

I understand that I may require more than 1 treatment session to achieve optimal results. Initial _____

I understand that there is a small incidence of reactivation of Herpes Simplex virus or "cold sores" in patients with a prior history. I agree to inform Dr. Roberts or _____ of any such history prior to my procedure so antiviral treatment may be prescribed. Initial _____

To my knowledge, I am not currently pregnant. Initial _____

I understand that medicine is not an exact science and that there can be no guarantees regarding my results. I am aware that these treatments may not work for me. I understand that alternative treatments include topical medications, oral medications, freezing spots with liquid nitrogen, surgery, more invasive lasers (CO2 laser) and doing nothing.

I realize this procedure is considered "cosmetic" and that I am responsible for payment in full at the time of service. Initial _____

By my signature below, I acknowledge that I have read the "Consent for Photodynamic Treatment" in it's entirety and understand it. I have been given the opportunity to ask all my questions. All my questions have been answered fully to my satisfaction. I have been adequately informed of the risks, benefits and alternatives of this treatment and wish to proceed.

Patient Signature _____ Date _____
Guardian Signature(if patient is a minor) _____
Relationship to patient _____
Witness Signature _____ Date _____