NORTH METRO DERMATOLOGY

CONSENT AND INSTRUCTIONS FOR OMNILUX[™] LED FOR SKIN REJUVENATION AND/OR ACNE

We offer LED phototherapy from Omnilux[™], the most tested and trusted brand on the market. Omnilux[™] has been the gold standard around the world for medical and aesthetic applications since 2003. With more FDA-approved indications than any other brand, and more than 40 peer-reviewed published studies validating its clinical claims and treatment protocols, we are confident our patients receive the best LED phototherapy.

WHAT IS LED PHOTOTHERAPY?

LED (Light Emitting Diode) is a non-invasive treatment that uses varying wavelengths of light to stimulate biochemical reactions in the skin. This stimulation triggers natural processes to help counter the effects of sun damage, acne prone skin, and a variety of other skin conditions. LED therapy does not contain any harmful UV wavelengths, nor does it create heat or thermal damage to the skin.

HOW DOES OMNILUX™ LED PHOTOTHERAPY WORK FOR SKIN REJUVENATION?

Red and infrared wavelengths are alternated to signal unique cell stimulation patterns in the dermis. The skin rejuvenating benefits include improvement of discoloration, pores, texture, and wrinkles. Patients also report that their skin looks brighter and feels plumper and more hydrated.

HOW DOES OMNILUX[™] LED PHOTOTHERAPY WORK FOR ACNE?

Blue and red wavelengths are combined to reduce bacteria and inflammation. This anti-bacterial and anti-inflammatory process is helpful to treat and manage all types of acne, including cystic acne. Unfortunately, insurance does not cover treatment despite studies showing up to an 81% clearance of inflammatory lesions treated with Omnilux[™].

WHAT AREAS CAN BE TREATED?

The Omnilux[™] system is designed with optimum flexibility, so it can be used while sitting, standing, or lying down. The panels can be flattened to treat the chest or back, or can be curved to treat the face, scalp arms or legs.

CAN OMNILUX™ LED PHOTOTHERAPY BE COMBINED WITH OTHER TREATMENTS?

Absolutely! Omnilux[™] used before and/or after Ultherapy[®], Skin Pen[®], Hydra Facial[®], microdermabrasion, chemical peels, and injectables helps to condition the skin, accelerate healing, reduce downtime, and minimize trauma and side effects such as post inflammatory hyperpigmentation (PIH), bruising, and swelling. Using Omnilux[™] significantly enhances the overall results of the primary procedure.

HOW SHOULD I PREPARE FOR MY TREATMENT?

You may be directed to discontinue photo-sensitizing medications. Arrive with clean skin. Treatment is painless and therefore no pain medication or anesthetic is needed.

WHEN WILL I SEE RESULTS, AND HOW LONG DO THEY LAST?

A series of eight treatments (20 minutes each) is recommended for best results. Treatment should be repeated twice weekly for four consecutive weeks or once weekly for eight consecutive weeks. Results may be evident in just four weeks, but full results may take up to six months. Monthly treatments are recommended for maintenance.

WHO CANNOT HAVE TREATMENT?

Patients with lupus erythematosus, albinism, genetic eye conditions, light induced headaches, photosensitive disorders, or any photo-aggravated rash should not receive treatment. If you are pregnant, planning pregnancy, nursing, or taking any photosensitizing medications, please speak with your provider before scheduling.

WHAT ARE THE RISKS?

Combining LED with photosensitizing medications can cause discoloration or sunburn. Please also be aware that light-sensitive medical conditions may be aggravated by LED.

By signing below, I acknowledge that I have read this form and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent LED treatments. I hereby release North Metro Dermatology from all liabilities associated with this procedure.

Patient Name (print): ______Date: _____Date: ______Date: _____Date: ______Date: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: ____Date: ____Date: _____Date: _____Date: ____Date: _____Date: ____Date: _____Date: __

Patient Signature: _____



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