

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please initial all and sign below:**

\_\_\_\_\_ Levulan (Aminolevulinic acid 20%) is a naturally occurring photosensitizing compound which has been approved by the FDA and Health and Welfare Canada to treat pre-cancerous skin lesions called actinic keratosis. 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. The purpose of activating the Levulan is to improve the appearance and reduce Acne, Rosacea, Acne Vulgaris, Sebaceous Hyperplasia, decrease oiliness of the skin, and improve texture and smoothness by minimizing pore size. Any pre-cancerous lesions are also simultaneously treated. The improvement of these skin conditions (other than actinic keratosis) is considered an "off-label" use of Levulan.

\_\_\_\_\_ I understand that Levulan will be applied to my skin and incubate for a period of 1 hour or 3 hours in the office. Subsequently, the area will be treated with a specific wavelength of light to activate the Levulan. Following my treatment, The Levulan will be washed off my skin completely. I understand that I should avoid direct sunlight for 24 hours following the treatment due to photosensitivity.

\_\_\_\_\_ I understand that Levulan is a prescription medication and has to be prescribed by the attending physician at this Medi-Spa.

**\_\_\_\_\_ Only for women: I am not pregnant.**

\_\_\_\_\_ Anticipated side effects of Levulan treatment include discomfort, burning, swelling, redness and possible skin peeling, especially in any areas of sun damaged skin and pre-cancers of the skin, as well as lightening or darkening of skin tone and spots, and possible hair removal. The peeling my last many days, and the redness for several weeks if I have an exuberant response to treatment.

\_\_\_\_\_ I understand that I may require several treatment session spaced 2-4 weeks apart to achieve optimal results. I understand that alternative treatments include topical medications, oral medications, cryo-therapy, excisional surgery, and doing nothing.

\_\_\_\_\_ For the purposes of accurate record keeping in connection with the care and treatment which I am receiving and will subsequently receive from this clinic, I, the undersigned, consent to have this clinic's staff take before, during, and after treatment close-up photographs of the involved area(s) and the anatomical region surrounding the involved area(s). These photographs shall be used for medical records and shall be treated with the same confidentiality as the remainder of my record at this clinic.

\_\_\_\_\_ I consent that these photographs may discretionally be used as promotional material for this clinic.

\_\_\_\_\_ I understand that payment of this treatment is non-refundable and that I will not hold this Medi-Spa responsible if this course of treatment is not to my satisfaction.

\_\_\_\_\_ I have read the above information and understand it. My questions have been answered satisfactory by the doctor and his staff. I accept the risks and complications of the procedure.

\_\_\_\_\_ By signing this consent form I agree to have one or more Levulan treatments.

\_\_\_\_\_  
Print name of Client\_\_\_\_\_  
Signature of Client\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name of Service Provider\_\_\_\_\_  
Signature of Service Provider\_\_\_\_\_  
Date**Levulan treatment has been consulted and approved by attending physician:** \_\_\_\_\_**This treatment has been delegated to be performed by Service provider:** \_\_\_\_\_