

LHR, IPL, SVT, C & B PREOP

Patient: _____

Date: _____

Allergies/sensitivities/type of reaction: _____

Chronic medical conditions: no yes, list: _____

Known blood borne infection? no yes, describe: _____

Current anticoagulants or medications, herbals that can affect coagulation? no yes, list: _____

Using products with glycolic acid or retinols? no yes, describe: _____

Previous history of cold sores? no yes

Previous resurfacing? no CO₂ Er:YAG Other _____
When? _____

Previous history of melasma/PIH? no yes, explain: _____

Does patient exhibit evidence of melasma, PIH, sun exposure, self tanner? no yes, explain: _____

Are there telangiectasias, vascular malformations present? no yes, explain: _____

Previous history of keloid formation? no yes

Isotretinoin (or Accutane[®]) use within last 6 months? no yes

Are any lesions suspicious for cancer? no yes (This is an absolute treatment contraindication)

Circle as appropriate: Fitzpatrick Skin Type I II III IV V VI

Glogau Photoaging I II III IV

Fitzpatrick Wrinkle Score MILD 1 2 3 MODERATE 4 5 6 SEVERE 7 8 9

Treatment Indication: _____

Pre treatment regimens/instructions: check and describe, if instituted.

HSV _____

Bleaching agent _____

Stop Hydroquinone _____ prior to procedure

Stop products containing glycolic acid, retinols, and retinoids _____ prior to procedure.

Procedure explained

Written instructions given to patient.

Rx given: Valtrex Diflucan Clinda Valium Demerol Phenegran Other: _____

____ Patient understands all RBAC, and understands what side effects or complications to call about

Provider signature _____ Date _____