

Lamprobe After Care

After treatment with the Lamprobe, the areas treated may feel irritated. Redness and scabbing may also occur. Please follow the below protocols for home care:

- DO NOT PICK at the areas treated even if scabbing occurs, because prematurely removing the scabs may lead to infection, hyper/hypopigmentation, or scarring.
- When cleansing the area, avoid using any products other than the recommended SkinMedica cleansers. Pat the area dry instead of rubbing to prevent removal of the scab.
- If instructed to do so, apply Neosporin to the area multiple times per day to keep the area moist.
- Use Elta MD or SkinMedica Sunblock as recommended.
- Discuss with Dr. or his Nurse before using any other skin care products other than the cleanser and sunblock.
- You may continue all of your other medical grade skincare products, but do not put anything potentially irritating (retinol, acids, exfoliants) directly on the treated spot/lesion/area until instructed to do so.

Notify Dr. if you have any questions, concerns, problems.

I understand the above instructions. I understand the risks and signs of side effects and complications such as severe redness, swelling, blistering, burns, ulcers, pain, or signs of infection and I will call the office and Dr. immediately if I have any questions or concerns. Initial _____

Cosmetic Laser And Aesthetics Center

Lamprobe Consent

Dr. and/or your Skin Nurse has explained the Lamprobe process and the effectiveness for the treatment of minor superficial skin irregularities (spots, vessels, spider veins, lesions, Seborrheic/actinic keratosis, warts, skin tags, others). I understand that risks/complications and side effects involved include but are not limited to: redness, irritation, sensitivity, failure of treatment/result, need for multiple treatments, bruising, scabbing, burning, ulceration, scarring, pigment issues such as discoloration and hyper/hypopigmentation (these can be temporary or permanent, although we do not expect complications). I consent to have the Lamprobe utilized on me, by Dr. and his RN, for the cosmetic treatment of my condition. As with any cosmetic procedure, the goal is for improvement and not perfection. I have seen a dermatologist in the past year and have been cleared for this treatment (no lesions treated need to be biopsied for suspected cancer or other condition). I understand that several factors including skin color, age, ethnicity, hormonal activity, inherited conditions, and other influences may decrease the effectiveness of cosmetic treatments.

In consenting to having the Lamprobe performed on me, I attest that I do not have any of the discussed contraindications (certain skin conditions and diseases, open wounds, skin cancer, recent sun exposure, pregnancy, or other discussed) and I understand the above mentioned unlikely but possible side effects and complications. I understand the procedure and what to expect regarding result and downtime and I wish to receive this Lamprobe procedure. I understand that, if I have any questions or concerns or see any of the above listed warning signs of problems, I should immediately call Skin and Dr. at

Patient Signature: _____

Date: _____

Nurse Signature: _____

Practitioner Signature: _____

Date: _____