



## Harmony iPixel Consent Form

Patient name \_\_\_\_\_

Treatment sites \_\_\_\_\_

**I duly authorize Dr Kim Vernon, Spa in the City Lasers or their designate, to use the Harmony Pixel 2940nm Er:Yag system to perform fractional ablative skin resurfacing.**

I understand that the Harmony Pixel is a laser device designed for fractional ablative skin resurfacing and that clinical result may vary in different skin types. I understand there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising and temporary discoloration of the skin, as well as rare side effects such as scarring and permanent discoloration . These effects have been fully explained to me \_\_\_\_\_ initial

Clinical results may vary depending on individual factors, including medical history, amount of sun damage or textural problems, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I understand that treatment by the Harmony Pixel 2940nm Er:Yag system involves a series of treatments and the fee structure has been fully explained to me \_\_\_\_\_ initial

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. \_\_\_\_\_ initial

I confirm that I am not pregnant at this time, and that I have not taken Accutane within the last 6 months I do not have a pacemaker or internal defibrillator. I also have completed a medical history checklist and been informed about what I must do and “not do” before, during and after the series of treatments. \_\_\_\_\_ initial

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion. \_\_\_\_\_ initial

**Blindness and eye damage** – The laser, without protective eyewear, may cause visual loss including blindness. ***It is important to keep these shields on at all times*** during the procedure and that I ***should keep my eyes closed*** in order to protect my eyes from accidental laser exposure

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_



## Pixel Pre Care Instructions

The Pixel laser resurfacing treatment is designed to perform “micro” ablation (epidermal removal) to your skin’s surface. Micro- ablation or minimal resurfacing is achieved through the process known as fractional photothermolysis. It is this “fractional thermolysis” process that allows your skin to be treated in “small pin point like sections.” This process leaves your newly lasered skin with untreated skin around the treatment sites that hasten the overall healing process. During any given laser session with the Pixel laser, approximately 30-70% your skin’s surface is actually being treated, depending on the aggressiveness of your treatment. If you looked at your skin closely, you would see a “net” like pattern, or what appears to resemble the pattern of a window screen or of fabric netting. It is this 30-70% of treated skin with the pixilation that creates this “netting” pattern.

You can anticipate having some degree of redness to your lasered skin, as well as inflammation within 15 minutes to 1 hour of your treatment. The amount of redness depends on your own genetic make up, as well as the aggressiveness of the treatment performed. Some people tend to become redder than others and some will experience a longer lasting redness as well. You can expect swelling for up to 12-24 hours, and redness from 3-4 hours up to 3 to 4 days. After the redness subsides, anticipate a chapped or rough texture to the skin. This treated skin may darken a bit and slough off on its own within 5-7 days. We ask you to plan your laser treatments when you do **NOT** have any social engagements, vacations, or photo requirements within 7 days of your treatment.

### The PIXEL laser treatment is indicated for the following:

- Improvement of the skins surface; weathered, sun damaged, pigmented irregularities
- Wrinkles / fine lines
- Superficial moles and actinic lesions
- Skin tags
- Scars. This includes acne scars of the face, neck, chest, back and arms

**PRIOR** to your treatment, you may prefer to have a test spot done so that you know what to expect as well as how much “social” downtime you need to plan for.

You may be asked to begin using a “fading cream” on your skin prior to and during your laser treatments. Research has shown that the use of such creams enhances the results of your laser treatments by participating in the overall reduction of discoloration, mottling, melasma and solar induced sun spots. We suggest a fading cream, such as TriLuma or Epiquin.

If you have a history of cold sores, you **MUST** inform the office prior to any laser treatments so that we may give you a prescription for an oral anti-viral medication to be taken the day before, of, and after your laser treatment. This is done to avoid any cold sore exacerbation that could occur due to your laser treatment.

You will be expected to use Biafine, Vivite Hydrating Cream or Aquaphor ointment, and a gentle cleanser. Make sure you have these on hand prior to your treatment. You will be given a prescription for Biafine cream. You will be given instructions as to how and when you use these products. There is a very small percentage of Biafine users that have developed an allergic reaction to Biafine, approximately 2-3%. However, if you happen to be one of these people, you may notice some hive like redness and slight itching about the areas involved. Contact our office immediately and discontinue the Biafine.

It is advisable to have Advil, Tylenol, aspirin, or something of that nature on hand for any inflammation you may develop. You may also want to have benedryl tablets as well, since it too can decrease inflammation. Take **ONLY** if you are not allergic, and do not take if you are on other medications that contraindicate their use.

**Make sure you have all of the necessary items listed below PRIOR to your treatment:**

- Bring a hat that will shield your face from the sun – large brimmed – this is very important for your drive home. If your hands were treated, bring gloves so you do not have sunlight exposure to them.
- Rx for cold sores – if applicable – begin taking one tab 2 days before treatment
- Mineral powder make-up / powder brush applicator – lightly apply only if necessary ( if applicable )
- **SUNSCREEN** Rejuvi Sunblock or Color Science mineral SPF Powder
- Gentle cleanser – Cetaphil liquid cleanser or Vivite Hydrating Wash is recommended
- Aquaphor ointment (over the counter) You will need this for the first two days and then each night for 5-7 nights.
- Rx for biafine or Rejuvi Soothing Ointment
- Advil, Tylenol, Aspirin and /or Benedryl tabs as needed for discomfort, swelling.

**Persons who should NOT have the Pixel laser treatment performed include:**

- Bacterial or Viral infection - Please make sure you inform us of any history of cold sores.
- A recent history of Isotretinoin use (< 6-12 mo) ACCUTANE / SORIATANE prescriptions
- Extensive radiation therapy to the area to be treated
- Burns on the area to be treated, bruising, allergic reactions, or other dermatitis type reactions
- A recent history of moderate to deep chemical peeling < 6 month
- Recent receipt of CO2 or Erbium Yag laser resurfacing < 6 months
- Persons who cannot avoid direct UV exposure from the areas to be treated
- Scleroderma or other connective tissue disease as well as any autoimmune disorders.

It is extremely important that you inform us in advance of any condition that may be contraindicated to the success of your treatments or could potentially become worse from such PIXEL treatments.

I have read the patient information for PIXEL Laser treatments and understand and consent to the treatment, performed by Dr Kim Vernon or her designate.

I am aware of the risks, benefits and alternative treatments available to me and I have had my questions and concerns answered prior to this procedure. I have received a copy of the pre and post care instructions and have supplied any necessary medical information that could affect my treatment.



## PIXEL POST CARE

**AFTER** your laser treatment, your skin will feel warm to touch and sting as though you have a bad sunburn. You may also experience swelling. **THIS IS NORMAL.** The stinging sensation, as well as the pink / red coloration usually begins about 15 minutes **after** the treatment and lasts a few hours. Swelling usually subsides within 12-24 hours, while the redness decreases and resolves over 48-72 hours. Your skin will then feel somewhat dry and rough and may appear a bit darker during this time, usually 4-5 days.

Upon completion of your laser procedure, it is imperative that you follow the guidelines given below:

You may apply a cool, water soaked cloth or a water mister to your skin to calm any stinging, redness, or irritation. This can be done as often as necessary, throughout the day and evening hours for 5-10 minutes. **Do not rub or scrub your skin.**

If the post treatment swelling of your skin is more than you anticipated, you may take aspirin, Advil, or Tylenol type products to calm the skin. You may also use benedryl oral tabs, but this can make you drowsy and you must not drive, drink alcohol or take other medications that are contraindicated with benedryl or one of the other medications listed above. Do not take any of these products if you have an allergy to or a known hypersensitivity to any of the components. You may find it difficult to sleep due to the sensitivity of your lasered skin. Try to avoid sleeping on your face if possible.

**Do NOT** apply any glycolic / alpha hydroxy / beta hydroxy / tretinoin / tazarotene / adapalene / azaleic acid / benzoyl peroxide or exfoliating products or self tanners to your skin. These products will irritate your skin and may induce hyperpigmentation or discoloration to your newly treated skin.

Cleanse your newly lased skin with warm or cool water **only** during the first 12 hours. You may begin using a gentle cleanser such as Cetaphil liquid cleanser or Vivite Hydrating cleanser at that time. Be sure the product you use contains none of the above mentioned ingredients that can irritate your skin. Cetaphil is available over the counter and Vivite is available here at the Spa.

Any make up application should be kept to a minimum to avoid disrupting the newly lased skin. **Avoid** heavy foundations that must be rubbed on. Mineral based face powder is the **ONLY** acceptable face make up during the next 5 -7 days. It can be applied with a powder brush and removed quite easily with liquid cleanser. ColorScience mineral powder SPF 50 is preferred over other mineral make ups due to its high SPF level and can be used as a makeup as well as a sunscreen. This product can be purchased in our office and carries the seal of approval by the American Skin Cancer Association.

A ZINC based sunscreen **MUST** be used at all times during any UV exposure to your treated skin. **This is an absolute must**, or you may find your skin hyperpigmenting, sloughing unevenly, and simply more damaged than before - due to the UV penetration to the freshly treated skin. This includes the ColorScience mineral powder SPF as well as Rejuvi Sunblock- which are available for purchase through our office.

A large brimmed hat is also highly recommended ANYTIME you are outside - this will insure full protection against any UV exposure.

**ALWAYS** apply your sunscreen 20-30 minutes PRIOR to exposure to insure protection. Also, remember to apply it every two hours NO MATTER what SPF you are using. The ingredients in many sunscreens break down about the two hour mark and you are NO LONGER protected. This is regardless of the SPF factor your sunscreen contains. Apply evenly to all areas of exposure.

During the next 7 days - after your laser treatment use a moisturizing cream designed specifically for laser treated skin. We recommend Biafine (prescription), Aquaphor, or Rejuvi ointment. These creams aid in the healing process of your skin by locking in moisture, reducing the chance of any bacterial infection, soothe, and reduce redness and irritation. These products can be used 2-6 times per day as needed. Some of these products have an oily feeling to them and are best suited for evening use, such as Aquaphor. Aquaphor can be used all day each day, but it's greasy, and doesn't allow for make up application, therefore, daytime creams best suited for your skin during the next week are Biafine or Rejuvi Lotion. Biafine requires a prescription that you will receive from our medical director. There is a 3% risk of an urticarial / HIVE reaction with Biafine emulsion, so if you are using this product and notice anything hive like after a day or two of use, please discontinue use and contact the office immediately.

**Do NOT** pick rub, or use any micro-exfoliators. Do not schedule a facial, waxing or other aesthetician services for at least 10 days after your laser treatment. You do not want to remove the dry, rough, dead skin faster than your body wants to. It is serving a purpose during healing and will slough off within the standard healing time of about 7 days. Do not be concerned if your skin takes on a rough, patchy, darkened quality a few days after this treatment, **this is normal** and expected. It will resolve on its own within 4-5 days. You must continue to protect your skin during this time by using an appropriate sunscreen as well as a wide brimmed hat, gloves, or clothing that can protect your skin during this time.

**Do NOT** shave until any swelling has resolved, usually within the next 12-24 hours or so. If you can use an electric shaver during the following 4 days, this is best so not to irritate the lased skin.

**Do NOT** work out or perform heavy manual labor for 48 post laser treatment. This is to avoid sweating and the increase in heart rate that can cause your skin to become extremely flushed, due to the increase in blood supply about the area.

**DO NOT** swim in chlorinated water or salt water for 7days. These environments have a different pH and can irritate your newly treated skin.

After the initial 7 day period, you may return to your previous skin care regimen. We recommend that you begin a regimen that fits your life style and can add to the improvement and appearance of your skin. Vivite Hydrating cream, which is available in our office, can be applied to your skin without experiencing dryness, irritation or redness upon initial use. It is soothing, hydrating and has been shown to reduce the appearance of fine lines and wrinkles as well as evening out the overall tone and texture of the skin. Hydrating Cream helps to keep your new skin at its optimal level. Our staff is happy to assist you and answer any questions you may have regarding this or any other product line.

**DO NOT** plan any outdoor activities or activity that exposes your skin to direct sunlight or artificial UV rays. Though we recommend that you avoid this activity always, we require your compliance for the next 7 days.

**DO NOT** wax any area treated by laser for 10 days after your treatment.

CONTACT the office immediately for anything that does not feel normal, such as oozing, weeping, blister formation, fever, chills, or a "hot" feeling to certain areas of your skin 2 or 3 days AFTER your laser treatment. 972-998-6484



**NEW PATIENT PERSONAL INFORMATION**

*Please complete the following:*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Vernon & Waldrep patient? \_\_\_\_\_

How were you referred? \_\_\_\_\_ Have you had Botox before? \_\_\_\_\_

**For our female clients: Are you pregnant or nursing? SSSSSS Using contraception SSSSSS**

Please list all allergies (including medications, food, latex, cosmetics, lidocaine, sulfa, etc.) \_\_\_\_\_

Please list all medications, including herbal (esp. St John's Wort or Fish Oils) \_\_\_\_\_

List all operations (including plastic/laser procedures), hospitalizations, and any serious illnesses: \_\_\_\_\_

What are your concerns (please circle any of the following): unwanted hair, brown/red spots, wrinkles, lines, sagging skin, acne, blemishes, large pores, age spots, spider veins, scars, other (please list): \_\_\_\_\_

Please check all that apply: \_\_\_insulin dependent diabetes \_\_\_high blood pressure \_\_\_cancer \_\_\_stroke \_\_\_blood clots \_\_\_bleeding problems with cuts or surgery \_\_\_jaundice or hepatitis \_\_\_very dry skin \_\_\_thyroid disease \_\_\_active skin disease or lesions \_\_\_dizziness, palpitations or fainting spells \_\_\_cold sores or fever blisters \_\_\_psychiatric disorder \_\_\_hormone imbalance \_\_\_herpes \_\_\_HIV/Aids \_\_\_scars/Keloids \_\_\_active infection \_\_\_vitiligo, scleroderma, lupus, hives \_\_\_unwanted tattoos or permanent makeup \_\_\_other

Please elaborate on checked items: \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SKIP TO SIGNATURE IF NOT HAVING LASER**

# PLEASE COMPLETE THE FOLLOWING IF HAVING LASER TREATMENTS

Which of the following best describes your skin type after 1 hour of unprotected sun exposure? (please circle one skin type #)

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black skin

Do you have a history of erythema (Abigne) which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irradiation? \_\_\_\_\_

Have you ever used Accutane, when? \_\_\_\_\_

What topical medications or creams are you currently using? Retin-A, Renova, Rentinol? (others please list) \_\_\_\_\_

Have you used any of the following hair removal methods in the past 6 weeks? \_\_\_ shaving \_\_\_ waxing \_\_\_ electrolysis \_\_\_ tweezing \_\_\_ threading \_\_\_ plucking \_\_\_ depilatories

Have you had any recent tanning or tanning products that changed the color of your skin? \_\_\_\_\_

Do you form thick or raised scars from cuts, surgeries or burns? \_\_\_\_\_

Check any of the following medications you have taken in the last 6 months (as they may increase hair growth or may be contraindications for laser treatments): \_\_\_ birth control pills \_\_\_ androgens (Rogaine) \_\_\_ Penicillin \_\_\_ cyclosporins \_\_\_ Minoxidil \_\_\_ steroids \_\_\_ Haldol \_\_\_ Phenytoin \_\_\_ thyroid medications \_\_\_ St John's Wort \_\_\_ Accutane \_\_\_ Tetracycline

## SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_

***I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, doctor or nurse of my current medical or health conditions and to update this history as a current medical history is essential for the caregiver to execute appropriate treatment procedures.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I have (circle one) reviewed the medical history or reviewed the medical history and conferred with the patient. I believe there are no contraindications to the planned aesthetic procedure.***

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SPA IN THE CITY

## Notice of Privacy Practices

Effective Date: August 1, 2011

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.**

Protecting your privacy and maintaining the security of your protected health information is one of the most important responsibilities of this office.

If you have any questions about this notice, please contact our **Privacy Officer**.

### **Our Obligations**

We are required by law to:

- Maintain the privacy of protected health information, hereinafter designated "PHI".
- Give you this notice of our legal duties and privacy practices regarding your PHI.
- Follow the terms of our notice that is currently in effect.

### **How We May Use and Disclose Health Information**

Except for the following, we will use and disclose health information only with your written permission:

- Treatment – We may use and disclose PHI for your treatment and to provide you with treatment-related services. For example, we may disclose PHI to doctors, nurses, technicians, pharmacists, including personnel outside our office who are involved in your care and need to provide you with care.
- Payment - We may use and disclose PHI so that we or others may bill and receive payment from you, from an insurance company, or a third party for the treatment and services you received.
- Operations – We may use and disclose PHI for operational purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care, and to operate and manage our office. For example, your PHI may be shared with quality improvement personnel to evaluate the performance of our staff.
- Appointment Reminders - We may use and disclose PHI to contact you and remind you of your appointment with us.
- Individuals Involved in Your Care or Payment for Your Care - We may use and disclose PHI with a person involved in your care such as your family or a close friend.
- Research - We may use your PHI for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved the research.

### **Special Situations**

- As Required by Law - We may disclose PHI when required to do so by international, federal, state, or local law.
- To Avert a Serious Threat to Health or Safety - We may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**SPA IN THE CITY**  
**Notice of Privacy Practices**  
**Effective 8/1/2011**

- Business Associates - We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to disclose any information other than as specified in our contract.
- Lawsuits and Disputes – We may disclose PHI in response to a court order or subpoena only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement - We may release PHI if requested by law enforcement official if the information is in response to a court order, subpoena, warrant, or summons.

### **Your Rights**

You have the following rights regarding your protected health information (“PHI”):

- Right to Inspect and Copy – your medical and billing records. You must make this request in writing.
- Right to Amend – you may ask to amend the information when the information is in our office.
- Right to Accounting of Disclosures – you have the right to request a list of certain disclosures we made of your PHI other than for treatment, payment, operations, or disclosures with your written authorization. You must make this request in writing.
- Right to Request Restrictions – you have the right to request a restriction or limitation on the PHI we disclose for purposes of treatment, payment, operations, or to someone involved in your care or the payment of your care, like a family member or friend. For example, you may request that we not share information about a particular treatment with your spouse. This request must be made in writing. We are not required to agree to your request.
- Right to Request Confidential Communications - you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must be in writing and must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- Right to a Paper Copy of This Notice - You may ask us to provide you with a copy of this notice at any time.

### **Changes to This Notice**

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. This notice will contain the effective date on the top of the first page.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC 20201. A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. Filing a complaint will not interfere with your health care at this practice.



**SPA IN THE CITY, LLC**

7777 Forest Lane, Bldg D, Suite 570  
Dallas, TX 75230

**Request for Limitations and Restrictions of  
Protected Health Information “PHI”**

Note: We are not required to agree to your request. Please see our notice of privacy practices for more information regarding such requests.

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

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Type of PHI to be restricted or limited: (please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Home Phone       | <input type="checkbox"/> Home Address          | <input type="checkbox"/> Occupation     |
| <input type="checkbox"/> Name of Employer | <input type="checkbox"/> Visit notes           | <input type="checkbox"/> Cell Phone     |
| <input type="checkbox"/> Patient History  | <input type="checkbox"/> Office Address        | <input type="checkbox"/> Office phone # |
| <input type="checkbox"/> Spouse’s name    | <input type="checkbox"/> Spouse’s office phone | <input type="checkbox"/> Email Address  |
| <input type="checkbox"/> Other: _____     |  |   |

Please explain your restrictions – be specific.  
How would you like use and/or disclosure of your PHI restricted? \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient Date

Original – file in patient chart



7777 Forest Lane, Bldg D, Suite 570  
Dallas, TX 75230  
(972) 998-6484

**Receipt of Notice of Privacy Practices  
Written Acknowledgement Form**

**Specifically for SPA IN THE CITY Clients**

I, \_\_\_\_\_, have received a copy

of the privacy practices of SPA IN THE CITY.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date