

**SANTA ANA SKIN CARE CLINIC  
683-B HARKLE RD  
SANTA FE, N.M. 87505**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**WORK #:** \_\_\_\_\_ **HOME #:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**WHO REFERRED YOU TO OUR OFFICE?** \_\_\_\_\_

Thank you for choosing our office for all of your skin care needs. If at any time you have questions regarding your treatment please feel free to call the office. Please note that treatment fees are due at the time of services, and medical insurance does not cover treatments because they are considered a cosmetic luxury. Also note that the results of products and procedures are not guaranteed. Also all products and services offered through Santa Ana Skin Care Clinic are **non-refundable**.

\_\_\_\_\_  
SIGNATURE OF  
RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

# **SANTA ANA SKIN CARE CONSULT**

Santa Ana Skin Care Clinic

(505) 954-422

## **PHOTODYNAMIC ACNE TREATMENT**

A new procedure is now available that treats active acne as well as older acne scars leaving your skin smoother. The procedure is called Photodynamic Acne Treatment using Levulan.

Photodynamic Acne Treatment is a process by which a photosensitizing agent (Levulan) is applied to your skin. The Levulan is then activated with a specific wavelength of light, which “turns it on.” Levulan has been used extensively for the treatment of a variety of different skin conditions, and the FDA for the treatment of sun-damaged skin approves it.

Levulan is a 20% solution of Aminolevulinic Acid (ALA). ALA is a natural substance found throughout your body, as it is a precursor for hemoglobin synthesis. You would be unable to make red blood cells to carry oxygen without ALA in your body. Consequently, it is a “natural” product found in all humans.

Acne results from the obstruction and inflammation of the sebaceous glands, and it affects 80% of the human population. Acne typically begins in adolescence with hormonal changes. However, there are many older individuals who suffer from “adult acne.”

There are several different presentations of acne ranging from comedonal (blackheads and whiteheads), popular, pustular, and cystic acne. In many cases, many of the presentations of the acne can be present on an individual simultaneously.

Prior to Photodynamic Acne Treatment, the best available treatment option for cystic acne was Accutane. However, with Accutane there are many systemic side effects including birth defects, liver abnormalities, mood depression, and virtually all patients get dryness and night vision. PDT Acne treatment provides a viable alternative for all types of acne treatment.

Photodynamic Acne Treatment is done as follows: The Levulan is applied to your skin and left on for 30-60 minutes. Levulan is a clear solution and painless. Levulan is then activated with a specific wavelength of light called a BLU-u or acne laser. This takes about 8 minutes. The Levulan targets active cells. Acne sebaceous glands are active cells. These cells preferentially absorb Levulan, and these cells are targeted by the Levulan once it is activated; hence the term, photodynamic therapy. The Levulan will also target (which are those small (1-3 mm), benign, bumps on your skin) and the papules of acne rosacea. Skin oiliness is decreased.

## Home Care Instructions—Patients following Photodynamic Skin Rejuvenation

### Day of Treatment:

1. Remain indoors if possible and avoid direct sunlight.
2. Take analgesics such as Tylenol or Advil if necessary.
3. Apply Hydrocortisone 1% ointment, Vaseline or Medical Barrier Cream. Your skin will feel dry, keep it moisturized.

### Day 2:

1. You may take a shower. Men should not shave their face if it was treated.
2. You may take analgesics. Any discomfort usually subsides by Day 3.
3. You should avoid sunlight and try to remain indoors on Day 2. The photosensitivity to sunlight is usually gone 24 hours after treatment, but may last as long as 40 hours.
4. You should soak treated areas with a solution of 1 tsp. White vinegar in 1 cup of cold water for 20 minutes every 4-6 hours. Ice may be applied directly over the vinegar soaks. The area should be patted dry and Hydrocortisone 1% ointment reapplied following vinegar soaks.

### Day 3-7

1. You may begin applying make-up once any crusting has healed. The area may be slightly red for a few weeks. If make-up is important to you, please see one of our estheticians for a complimentary consultation for Mineralogie Make-up, which is all natural, inert, anti-inflammatory, and acts as sunscreen and concealer. It is effective for masking redness.
2. The skin will feel dry and tightened. A good moisturizer should be used daily.
3. try to avoid direct sunlight for one week. No beaches! Use a sunscreen with a minimum SPF 30 for four months. Sun Block with Titanium (available in our clinic) is especially effective to protect your newly regenerated skin.

If you have any problems, please call our office at 505-954-4422. After hours, you may reach Dr. Lopez on her cellular phone at 505-603-4578.

Well tolerated (essentially painless)

Easily preformed in a clinical environment.

Non-invasive (no needles or surgery required).

Excellent cosmetic outcome (particular sensitive areas of the face).

#### TREATMENT STEPS:

1. Patients who have a history of recurring cold sores (herpes simplex type I) should start oral Valtrex 500 mg tablets twice daily for three days-starting this prescription the morning of your PDT treatment. The prescription for this product will be ordered for you.
2. Make sure your skin is clean and free of all make-up, moisturizers, and sunscreens. Bring a hat, sunglasses, and scarf when appropriate to the clinic.
3. Photography will be done by the staff before the Levulan is applied.
4. You must sign a consent form.
5. An acetone scrub is preformed. This will enhance the absorption of Levulan and give much more even uptake.
6. Levulan is applied topically to the whole area to be treated (such as the whole face, back of the hands, extensor part of the forearms). This is done by Dr. Lopez or her assistant.
7. The Levulan is left on for 30-70 minutes before any light treatment.
8. The Levulan is activated with the BLU-U or laser light. This unique spectrum of light activates the Levulan beginning with low energy levels. This is painless but requires about 89 minutes to complete.
9. Post-treatment instructions will be given to you to care for your improved skin.

## **CLIENT CONSENT FOR LEVULAN PHOTODYNAMIC TREATMENT**

Levulan (Aminolevulinic acid 20%) is naturally occurring photosensitizing compound, which has been approved by the FDA to treat pre-cancerous skin lesions called actinic keratoses. 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, and 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 keratoses) is considered an “off-label” use of Levulan.

I understand that Levulan will be applied to my skin for 30-90 minutes. Subsequently, the area will be treated with a specific wavelength of light to activate the Levulan. Following my treatment, I must wash off any Levulan on my skin. I understand that I should avoid direct sunlight for 24 hours following the treatment, due to sensitivity.

I understand I am not pregnant.

Anticipated side effects if 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 may last many days, and the redness for several weeks if I have an exuberant response to treatment.

I consent to taking photographs of my face before each treatment session. I understand that I may require several treatment sessions spaced 2-4 weeks apart to achieve optimal results.

I understand that I am responsible for payment of this procedure, as it is not covered by health insurance.

I understand that medicine is not an exact science; and there can be no guarantees of my results. I am aware that while some individuals have fabulous results, it is possible that these treatments will not work for me. I understand that alternative treatments include topical medications, oral medications, cryosurgery, excisional surgery, and doing nothing.

I have read the above information and understand it. The doctor and her staff have answered my questions satisfactorily. I accept the risks and complications of the procedure. By signing this consent form I agree to have one or more Levulan treatments.

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

## FINANCIAL POLICY

Please read our financial policy and indicate your agreement by your signature. We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. All patients must complete the appropriate information forms before seeing a skin care provider.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE.** (Unless other arrangements are made directly with the office manager.)

We accept cash, check, Visa, American Express, Discover and Master card.

Private pay patients: Non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan or paid by cash, check, or credit card at the time of services.

Insured patients: If you have insurance we will help you receive maximum benefits. We will give you properly completed “super bills” so that you can file your own insurance and be reimbursed to the extent of your coverage. We only file claims to insurance companies that we are participating providers for. Filing a claim is not a guarantee of payment. Many of our services are considered to be a cosmetic luxury and are therefore not covered by insurance. You are responsible for the full payment of any denied claims.

Insurance: This is a contract between you and your insurance company. In many cases we are not a party to this contract. We will inform you if we are a party to your contract, and we will handle your claims according to our agreement with your insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance usual and customary charges, etc. other than to supply actual information as necessary. You are responsible for timely payment on your account.

Missed appointments: Unless canceled at least 24 hours in advance, our policy is to charge \$50 for missed appointments. Please help us serve you better by keeping scheduled appointments.

Balance due terms: Your signature below indicates your agreement with our terms for any unpaid balance due. Unpaid balances due will begin accruing interest at the rate of 12% per annum, for balance due over 30 days. If it becomes necessary to employ an attorney or collection agency to collect an unpaid balance due, those fees will be added to the balance due. If you are unable to pay a balance due, please discuss payment arrangements with our office manager.

Please Note: All products and services offered through Santa Ana Skin Care Clinic are non-refundable.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PRIVACY POLICY

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice summarizes how we handle your information, and provides further details of our privacy policies and procedures.

**How we may use and disclose your information:** We use health information about you for your treatment, to get paid for treatments, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for these reasons. Beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop further uses or disclosures.

**Your rights:** In most cases you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies, we will charge you a cost-based fee and these copies will be made within 30 days. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

**Our legal duty:** We are required by law to protect the privacy of your health information; provide this notice about our privacy policies; follow the privacy practices that are described in this notice; and seek your acknowledgement of receipt of this notice. We may change our privacy policies at any time. Before we make significant changes in our privacy policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.

**Privacy complaints:** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

**If you have any questions or complaints, please contact:**

Elena Winters  
683 B Harkle Road  
Santa Fe, NM 87505

(505) 954-4422 ext 1004

Responsible party signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PROCEDURE CLAIM REVIEW FORM**

Santa Ana Skin Care Clinic would like to make you aware that in the in the event that we should submit a claim to your insurance company for a procedure reviewed here at our clinic, your insurance provider always reserves the right to review and deny any claim they receive. We may be able to find out for you if the procedure does not require a pre-authorization, but these procedures are still subject to review and possible denial. The only time your insurance company is obligated to pay any amount is if they give you a confirmed pre-authorization number which we will keep in your chart making you not responsible for payment; unless the treatment amount is applied towards a deductible then you will still be held responsible for payment. Your signature below indicates you agree to abide by the policy in this form.

I \_\_\_\_\_ have read and understand the Insurance Procedure Claim Review Form.