

Levulan Photodynamic Therapy Informed Consent

Levulan (Aminolevulinic acid 20%) is a naturally occurring photosensitizing compound which has been approved by the Federal Drug Administration (FDA) 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 for 30-120 minutes. Subsequently, the area will be treated for an additional 16 minutes with a specific wavelength of blue light to activate the Levulan.
- I understand that I should avoid direct sunlight for 48 hours following the treatment due to photosensitivity.
- I consent that I am not pregnant, trying to get pregnant, or nursing.
- I understand anticipated side effects of Levulan PDT 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 a more strong response to treatment.
- I consent to the taking of photographs of the treatment area before each treatment session.
- I understand that it may require several treatment sessions spaced 2-4 weeks apart to achieve optimal results.
- I understand that this procedure and the cost of the Levulan may not be covered by my health insurance and that the guarantor of this patient's account would be responsible for payment.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I release Audubon Dermatology, LLC, Dr. Hooper, Dr. Jackson and all medical staff, from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Client's Name (Please Print): _____

Client's Signature: _____

Date: _____

Time: _____