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## CLIENT CONSENT FOR LEVULAN/PHOTODYNAMIC THERAPY

Levulan (Aminolevulanic Acid 20%) is a naturally occurring photosensitizing compound which has been approved by the FDA to treat pre-cancerous lesions called 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, can vulgaris and sebaceous hyperplasia, decrease oiliness of 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. Treatment of acne is pending FDA approval.

I understand that Levulan will be applied to my skin for 60-120 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 48 hours following the treatment due to photosensitivity. I also understand that I am not pregnant.

Anticipated side effects of Levulan treatment include: discomfort, burning, swelling, redness and possible 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 for many days and the redness for several weeks if I should have an exuberant response to treatment.

I consent to pre and post treatment photos of the treated areas to include the full face before each treatment session. I understand that I may require several treatment sessions spaced 2-4 weeks apart depending on the condition being treated to achieve optimal results.

I understand that medicine is not an exact science and that there are 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. My questions have been answered to my satisfaction by Thomas P. McHugh, MD or his staff. I accept the risks and complications of the procedure. By signing this consent, I agree to have one or more Levulan treatments.**

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Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness