

Kornmehl Laser Eye Associates

Pre- IPL (Intense Pulsed Light) Instructions

Patient Name: _____

DOB: ____/____/____

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1. Have you ever had herpes zoster (Shingles) on your face? **YES NO**
If you answer yes: IPL is prohibited to ensure no active outbreaks will occur.

 2. Do you have a history of cold sores? **YES NO**
*If yes, a 3-day course of Acyclovir 800mg will be sent to your pharmacy.
Instructions: Take 1 pill twice daily, the day before, the day of, and the day after each treatment.
This is a preventative measure to ensure there will be no active outbreaks following your treatment(s).*

 3. Do you have a history of recurring headaches or migraines? **YES NO**
If yes, as a preventative measure, we ask you reschedule your appointment if you have one within 3 days of your treatment(s).

 4. Do you have facial moles, freckles, tattoos or any other area you do not want treated? **YES NO**
If yes, specify area _____

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- Discontinue Doxycycline 3 days prior to your treatment(s). Resume medication immediately following treatment(s).

 - Discontinue *all* retinol facial cream 7 days prior to your treatment(s). Resume 2 days after treatment(s).

 - Do not use any tanning methods (sunbathing, self-tanning beds, sprays, or creams). If you have a visible tan, you will be asked to reschedule until the tan is completely absent.

 - Do not wear any make up or moisturizer on your face the day of your treatment.

 - If you choose to have a full-face treatment, your face must be freshly shaved with no stubble.

 - Sunscreen will be applied after the treatment. If you prefer to use your own, please bring with you.

***I have read and agree to the above pre- IPL treatment instructions. I understand that if I do not comply with the above information, it may compromise my results and/or may be asked to reschedule my appointment.

Patient Signature

____/____/____
Date