

Omnilux Light Consent

Have you had any of the following treatments in the last 24 hours?

Microdermabrasion _____

Oxygen Facials e.g. Oxyjet _____

Microcurrent facial _____

Facial Peels _____

e.g. Caci, Biotherapeutic etc.

Injectables _____

48 hours should be left between the above treatments and Omnilux.

Precautions and Contra-indications for Omnilux treatments

There are a number of conditions/instances in which light therapy may prove to be unsuitable for an individual i.e. if you are taking certain forms medication or you suffer from a photosensitive disorder. Photosensitivity means a reaction to normal amounts of sunlight.

Are you pregnant? Yes _____ No _____

Do you suffer from Epilepsy? Yes _____ No _____

Do you suffer from Porphyria? Yes _____ No _____

Do you suffer from Lupus Erythematosus? Yes _____ No _____

If you have answered yes to any of these questions, you are not suitable for Omnilux.

Do you use St. Johns Wort? Yes _____ No _____

If yes, you may be more light sensitive. It is at your discretion whether you commence with the treatment.

Precautions due to drug induced photosensitivity for Blue light treatment

Optimum results will be seen between 4-12 weeks after the course of treatments is complete, with a majority of people seeing their best response 8 weeks after the treatment conclusion. Some of our study subjects have experienced increased acne lesions during their treatment, due to the detoxification process of the treatment, however this settles down once the treatment is complete. The light stimulates natural processes that continue after the treatment has stopped.

You will have to remove any make-up or sun block before the treatment and cease to use any topical retinoids. You will be asked to wear some eye safety goggles which **MUST** be worn.

It is not advisable to have sun bed treatments in conjunction with your course of Blue light therapy. You can continue with your antibiotic treatment if it is not excluded on our treatment contra-indication list.

Please indicate if you are taking or have taken any of the following medication:

Drug: Codarone X or Aratac

Use: Anti-Arrhythmic

Yes ___ If yes, it is at your discretion whether you commence with the treatment.

No ___ If no, enjoy Omnilux!

Drug: Ridaura or Gold 50

Use: Anti-Arthritis

Yes ___ If yes, the treatment cannot be administered.

No ___ If no, enjoy Omnilux!

Drug: Azathioprine

Use: Anti-Arthritis

Yes ___ If yes, the treatment can be administered as long as the medication has not been taken within the last 5 days.

No ___ If no, enjoy Omnilux!

Drug: Grisovin

Use: Anti-Fungal Antibiotic

Yes ___ If yes, the treatment can be administered as long as the medication has not been taken within the last 5 days.

No ___ If no, enjoy Omnilux!

Drug: Tetracycline group

Use: Antibiotic

Including Minomycin, Tetracycline, Oxytetracycline, Lymecycline, Demeclocycline, Vibramycin

Yes ___ If yes, the treatment can be administered as long as the medication has not been taken within the last 5 days.

No ___ If no, enjoy Omnilux!

Drug: Roaccutane

Use: Anit-Acne

Yes ___ If yes, the treatment can be administered as long as the medication has not been taken within the last 5 days.

No ___ If no, enjoy Omnilux!

Drug: Ledertrexate/Methotrexate

Use: Anti-Cancer

Yes ___ If yes, the treatment can be administered as long as the medication has not been taken within the last 3 days.

No ___ If no, enjoy Omnilux!

Drug: Quinolone group

Use: Antibiotic

Including Nalidixic acid, Norfloxacin, Ciprofloxacin, Ofloxacin

Yes ___ If yes, the treatment can be administered as long as the medication has not been taken within the last 5 days.

No ___ If no, enjoy Omnilux!

Drug: Chlorpromazine

Use: Anti-Arrhythmic

Yes ___ If yes, the treatment can be administered as long as the medication has not been taken within the last 5 days.

No ___ If no, enjoy Omnilux!

I have read and understood the information provided and I am fully aware of the nature of the treatment.

My signature below indicates my informed decision to have the treatment.

Warning: If during your course of treatments you develop persistent headaches or some puffiness/itching or prolonged redness of the skin, you may be showing signs of light sensitivity. In the case, please notify your treatment consultant immediately and discontinue your treatment.

Signature: _____

Date: _____

Print Name: _____

Witness: _____