



# ABSOLUTE COSMETIC MEDICINE

*Medicine Pixel Fractional Consent*

## CONSENT FOR FRACTIONAL ABLATIVE SKIN RESURFACING TREATMENT

Your consent is requested so we can treat you with fractional ablative skin resurfacing. To give your consent you need to be informed of the risks and the benefits. Our experienced technician \_\_\_\_\_ has explained these during your consultation and they will be repeated in this form.

The information is not meant to frighten or alarm you and you should remember that the vast majority of patients do not experience complications and are happy with the results. However, as complications can and sometimes do occur, you need to know about them.

I \_\_\_\_\_ of \_\_\_\_\_ hereby consent voluntary to undergoing treatment using fractional ablative skin resurfacing technology to my \_\_\_\_\_ (list area to be treated).

I have had a consultation where I have been advised of the benefits and potential side effects of treatment using fractional skin resurfacing technology.

I consent to undergoing treatment.

I understand the nature of the procedure and the risks involved have been explained to me. I agree that the procedure is being performed for cosmetic reasons and no guarantee of any nature can be made as to the exact results of the procedure.

I understand that not all skin conditions and pigments can be effectively treated with fractional ablative skin resurfacing and some conditions may reoccur.

Fractional ablative skin resurfacing is most effective on fair skin clients. Clients with darker skin may need to be treated on lower energy settings and may require additional treatments. Clients with very dark skin are not suitable for this treatment.

Treatment is not recommended for clients with:

- Bacterial or viral infections
- Impaired immune system
- Scleroderma
- Extensive radiation therapy
- Burns in the area
- Poor healing in the area
- On Roaccutane or those who have used it in the past 9 months
- Those who have a tendency to bleed easily
- Those who are on anticoagulants as bruising is more likely to occur
- In rare cases development of infection or scarring



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I accept that while all precautions have been taken to avoid complications from this procedure, complications are rare and sometimes do occur. They can include:

- Darkening or crusting of pigment (expected)
- Redness with mild to severe burning sensation (expected)
- Bruising or swelling
- Shedding of the skin after the treatment
- Blistering
- Cold sores
- In rare cases development of infection or scarring

I have been advised of any matter verbally that has not been included in this consent form and its attachments.

Photos may be taken as part of my patient record and remain confidential.

**I consent / I do not consent** for my photographs to be used for medical / scientific or educational purposes.

In relation to my initial and all subsequent treatments I advise that:

- I am not tanned from any source including sun exposure, tanning lotions, solariums.
- I do not have a history of sun exposure
- I have not had any deep chemical peels or laser resurfacing in the past 6 months
- I have not had Botox or Dermal Filler in the past 2 weeks in the area to be treated

By signing this form you undertake to keep any post operative appointments which are made. Not doing so may result in not receiving the correct treatment and therefore may adversely affect the result.

I will wear protective eyewear whilst fractional ablative skin resurfacing is being used.

I am aged over 18 years (otherwise parent/guardian to sign)

**PLEASE DO NOT SIGN THIS FORM UNTIL YOU HAVE READ AND UNDERSTOOD THE ENTIRE CONTENTS AND ALL YOUR QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY.**

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

\_\_\_\_\_  
Witness Name Witness Signature Date