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Pixel 2940 nm Erbium Laser CONSENT FORM

Please read and initial each statement.

I have read the **Pixel 2940nm Erbium Laser Information and Instruction sheet** and have had an opportunity to ask questions about the procedures and treatment. _____

I authorize the physician, nurse or laser technician to perform PIXEL fractional ablative laser resurfacing on me. _____

The cost of the procedure(s) has been discussed with me and I agree to pay this amount. _____

I understand:

- the goal of PIXEL is the gradual improvement of skin texture. Every individual is unique which makes it difficult to guarantee a specific number of treatments needed. Results vary with the individual depending on skin colour, degree of sun damage or textural issues being treated. It is expected I may require **3 - 6 treatments** to see improvement. **Although good results are expected it is impossible to guarantee.** _____

- expected side effects of Pixel treatment includes **redness, burning sensation, tightness** and **flaking** of skin. These should resolve over **1-3 days but may last longer**. Infrequent complications of a Pixel treatment include **blistering, infection, bruising** or **discolouration** that are usually temporary. Rarely, **scarring** and **permanent discolouration** can occur. **Hair loss** may also be an inadvertent side effect that may or may not be permanent. There may be risks not yet known at this time. _____

- every person is unique and although good results are expected, it is impossible to guarantee. _____

- side effects are worsened by sun exposure and use of a good quality SPF product daily is very important and highly recommended. _____

- there may be an increased occurrence of side effects if I do not follow the post procedure instructions. _____

