



ABSOLUTE
COSMETIC MEDICINE

CLEAR + BRILLIANT™ TREATMENT PATIENT CONSENT FORM

Patient Name: _____ Date of Birth: _____

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENT.

The nature of the Clear + Brilliant™ procedure has been explained to me. I understand that just as there may be benefits from the procedure, all procedures involve risk to some degree.

I UNDERSTAND THAT THE EXPECTED SIDE EFFECTS OF THE CLEAR + BRILLIANT™ PROCEDURE INCLUDE, BUT ARE NOT LIMITED TO:

Discomfort: Most people will feel some heat-related discomfort (pain) associated with the treatment. This discomfort is usually temporary during the procedure and localized within the treatment area. A small number of patients have reported tenderness in the treatment area lasting up to several weeks.

Redness and Swelling: Laser treatment will cause varying degrees of redness and swelling in the treatment area. These common side effects last from several days to a couple of weeks, depending upon the aggressiveness of the treatments.

Itching: This can occur as part of the normal wound healing process, or may occur as a result of infection, poor wound healing, or contact dermatitis.

Acne or Milia Formation: A flare-up of acne or formation of milia (tiny white bumps or small cysts on the skin) may occur. These symptoms usually resolve completely.

Herpes Simplex Virus Reactivation: Herpes Simplex Virus (cold sore) eruption may result in rare cases in a treated area that has previously been infected with the virus.

I UNDERSTAND THAT THE POSSIBLE RISKS AND COMPLICATIONS ASSOCIATED WITH THE CLEAR + BRILLIANT™ PROCEDURE INCLUDE, BUT ARE NOT LIMITED TO:

Bleeding, Oozing and Crusting: Aggressive treatment may cause pink point bleeding petechiae (small red dots under the skin surface), and/or oozing. Crusting or scabbing may form if the clear fluid or blood dries.

Blisters, Burns and Scabbing: Heating in the upper layers of the skin may cause blisters or burns and subsequent scab formation. Steam from the heating may produce a separation between the upper and middle layers of the skin, resulting in blister formation. The blisters usually disappear within 2-4 days. A scab may be present after a blister forms, but typically will disappear during the natural wound healing process of the skin.

Scarring: Scarring is a possibility due to the disruption of the skin's surface and/or abnormal healing. Scars, which can be permanent, may be raised or depressed, and, scarring could lead to loss of pigment ("hypopigmentation") in the scarred area.

Pigment Changes: During the healing phase, the treated area may appear to be darker. This is called PiH, post-inflammatory hyperpigmentation. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. PiH occurs as part of the normal skin reaction to injury. The skin becomes hyperactive during the healing process, including cells that produce the pigment. PiH occurs more frequently with darker coloured skin, after sun exposure to the treatment area, or with patients who already have a tan. To reduce the risk of PiH, the treatment area must be protected from exposure to the sun (sunscreen for 6 months after treatment); however, in some patients, increased skin colouring may occur even if the area has been protected from the sun. This pigmentation usually fades in 3-6 months.



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Hypopigmentation: In some patients who experience pigment changes, the treated area loses pigmentation (hypopigmentation) and becomes a lighter colour than the surrounding skin. This type of reaction may also be permanent.

Infection: If blisters or bleeding are present, an infection of the wound is possible. Scarring and associated pigment changes may result from an infection.

Eye Injury: Eye injuries may result from numbing cream getting into the eyes. Your eyes will be covered with protective goggles during treatment and should remain closed during the treatment. The laser could cause direct eye injury in the absence of these precautions.

EFFICIENCY

Because all individuals are different, it is not possible to completely predict who will benefit from the procedure. Some patients will have very noticeable improvement, while others may have little or no improvement. A series of treatments is usually needed for maximum results.

CONTRAINDICATIONS

Clear + Brilliant™ cannot be performed on patients who are currently undergoing or have had Accutane treatment within the past 6 months, have a predisposition to keloid formation or excessive scarring, or have suspicious lesions.

I am aware that other unexpected risks or complications may occur and that no guarantee or promises have been made to me concerning the results of the procedure. It has also been explained that during the course of the proposed procedure, unforeseen conditions may be revealed requiring performance of additional procedures. My questions regarding this treatment, its alternatives, and the associated complications and risks have been answered by my Doctor and/or his or her staff.

Do not sign this form unless you have read it and believe that you understand it. Ask any questions you might have before signing this form.

Do not sign this form if you have taken medications which may impair your mental abilities or if you feel rushed or under pressure.

I agree to be a polite, realistic and compliant patient.

I HAVE READ THIS FORM AND UNDERSTAND IT AND I REQUEST THAT THIS PROCEDURE BE PERFORMED ON ME.

Patient's Signature: _____ Date of Birth: _____

I HAVE INFORMED THE PATIENT OF THE AVAILABLE ALTERNATIVES TO TREATMENT AND THE POTENTIAL RISKS AND COMPLICATIONS THAT MAY OCCUR AS A RESULT OF THIS TREATMENT.

Physician's Signature: _____ Date: _____

Nurse or Medical Assistant: _____ Date: _____