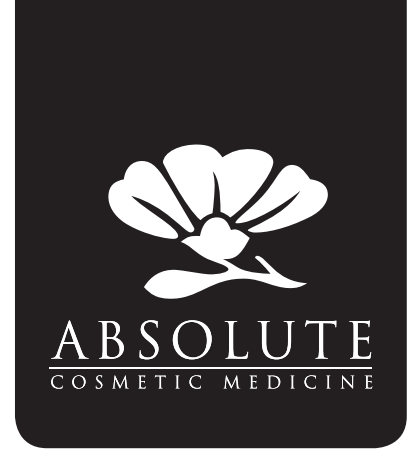


# PICOSURE CONSENT FORM



The PicoSure laser produces an intense burst of light which is absorbed by pigmented lesions or tattoo ink.

I am aware that I will need to wear protective eyewear to prevent damage to my eyes from this intense light.

The sensation of the laser light on the skin is uncomfortable and may feel like a slight pinprick or the sensation of heat. These sensations may last for a few hours.

Tattoos may blister and have pinpoint bleeding for a few days after treatment. Following a treatment, the treated area may redden, become slightly swollen or, more rarely, may develop an acne-like breakout.

I have been informed that hyperpigmentation (darkening of the skin), permanent hypopigmentation (lightening of the skin), scarring, infection and burns are possible complications of the procedure.

Multiple treatments may be necessary and failure is possible.

I understand that sun exposure, as well as not adhering to the post-treatment instructions provided to me may increase my chance of complications.

I have read and understood all information presented to me and I have been given an opportunity to ask questions before signing this consent.

I will follow the aftercare instructions and will contact Absolute Cosmetic Medicine and my doctor to report any concerns immediately.

I, \_\_\_\_\_ hereby give consent to undergo PicoSure laser treatment.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Absolute Cosmetic Medicine: 9389 9099  
Dr. Murray: 0412 366 872  
Dr. Syed: 0402 291 967  
Nurse: 0413 835 867