



**ABSOLUTE**  
COSMETIC MEDICINE

## ERBIUM TREATMENT CONSENT

**ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND**

### ERIBUM LASER CAN BE A FRACTIONED OR COMPLETE RESURFACING LASER

#### POSSIBLE SIDE EFFECTS:

The most common side effects of laser skin ablation are:

- |                      |  |
|----------------------|--|
| Pain                 | Mild pain may be experienced with treatment, and can be treated with painkillers (usually settles within 1-2 hours). Sun sensitivity may be persistent.<br>Initial _____   |
| Bleeding             | This is extremely rare. If you have any history of excessive bleeding, or if you are taking any medications that interfere with the coagulation of the blood, notify your Doctor prior to treatment.<br>Initial _____  |
| Swelling or redness  | Local redness may appear following treatment, sometimes forming a crust, which falls off within a few days. The redness may be persistent. If there is no swelling it should disappear within 3-5 days.<br>Initial _____   |
| Infection            | In any surgical intervention there is a danger of infection. Oral antibiotics can be taken or antibiotic creams applied for a few days after treatment.<br>Initial _____   |
| Changed pigmentation | Darkening/lightening of the treated area is seen in some patients. It is very important to protect the treated area from exposure to the sun for up to three months following the treatment. In some people, this change of pigmentation, may occur despite protection from the sun. In any case this hyper-pigmentation (darker colour) or hypo-pigmentation (lighter colour) usually fades in 3-6 months. In some cases the condition may be treated with medication. Hypo-pigmentation may possibly be permanent and may not occur for several months after treatment.<br>Initial _____ |
| Herpes Simplex       | Herpes may appear even in those who have no previous history of this condition. It can be prevented with medication (eg. Zovirax) before and after the treatment. Zovirax should not be used by pregnant or nursing women. This medication must be taken as directed.<br>Initial _____   |
| Wrinkles             | Recurrence of wrinkles, in high movement areas such as the frown and crows feet, can happen quite rapidly if botox is not used in conjunction with this treatment.<br>Initial _____  |
| Acne                 | Reactive acne, especially to paraffin used, may occur.<br>Initial _____  |
| Scarring             | Any medical procedure runs the risk of scarring. This is possible after infection, especially under the eye area (Ectropion). This can cause downward extraction of the lower eyelids and may require surgical correction.<br>Initial _____  |
| Sedation risks       | I understand the risks involved with this and local anaesthetic.<br>Initial _____  |



**ABSOLUTE**  
COSMETIC MEDICINE

# ERBIUM TREATMENT CONSENT

**ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND**

Unexpected side effects: May include persisting pain or coincidental side effects specific to the individual.  
Initial \_\_\_\_\_

Alternatives to Laser Skin Ablation: There are several alternative treatments to laser ablation, including surgical treatments (ie. face lift, eyelid surgery and chemical peel treatments), or no treatment at all.

Potential benefits of Laser Skin Ablation: The most obvious benefit of skin ablation by laser is its ability to treat and improve the look of aged or damaged skin. Laser ablation may be a more precise, less painful procedure than the alternatives.

Consent: By signing below, I acknowledge that I have read the entire informed consent form and feel the doctor has adequately explained the risks of this therapy, alternative methods of treatment, and the risks of not treating my condition, and I hereby consent to the laser therapy treatment to be performed by Dr Murray or one of his associated doctors. I release him and all associated staff from all medico-legal liability. I agree to be a realistic and compliant patient.  
Initial \_\_\_\_\_

Photographs: I do / do not give permission for my photographs to be used by Absolute Cosmetic Medicine for marketing purposes. The photographs or accompanying material will not contain my name or other identifying information.  
Initial \_\_\_\_\_

Operation site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's name (print): \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I cannot dispute what I have read, agreed to and signed above . If I do then I agree to pay all costs incurred by ACM if I breach this agreement.

I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy.

I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records.  
(please initial) \_\_\_\_\_