



VANDERVEER  
CENTER®

## **Pixel®: Patient Consent for Treatment**

### **A. Purpose and Background**

- Pixel® is indicated for skin resurfacing, treatment of scars, stretch marks, enlarged pores, irregular skin texture, hyperpigmentation, age spots, fine lines and wrinkles.

### **B. Procedure**

- Pixel® skin resurfacing is an ablative laser treatment that consists of treating areas of skin with Erbium laser energy in a pixilated fashion, leaving areas of untreated skin in between the treated areas, to produce rapid healing and collagen production. For best results, it is usually necessary to complete a series of 3-6 treatments over several months.

### **C. Risks/Discomfort**

- Generally, patients experience little to no discomfort during the treatment. Immediately following Pixel®, there is a possibility of short-term side effects such as itching, redness, swelling, or pinpoint bleeding; and scabbing and/or discoloration of the treated area. These effects may last up to one week after treatment or even be permanent. As new skin replaces treated tissue, flaking and a feeling of tightness of the skin is common. Additionally, the skin may look and feel like coarse sandpaper. Permanent reduction or removal of hair in the treatment area is possible, while follicle stimulation can occur in the treated area as well. I agree if I have any concerns regarding my Pixel® treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a medical provider. I understand that while adverse reactions to Pixel® skin resurfacing treatments are rare, scarring and permanent skin changes such as discoloration can occur.

### **D. Benefits**

- When compared to other ablative laser procedures, Pixel® skin resurfacing results in minimal discomfort and a fraction of the downtime. Patients are likely to be able to return to normal activities within days. Your healing time will depend on many factors and will be discussed with your provider prior to your treatment.

### **E. Alternatives**

- Pixel® skin resurfacing is strictly a voluntary cosmetic procedure; no treatment is necessary or required. Alternative treatments may include but are not limited to other ablative and non-ablative laser treatments, IPL treatment, Microdermabrasion, Chemical Peels, Radio Frequency treatments, or doing nothing at all.

**F. Photography**

- I understand that clinical photographs are an essential component of my medical record and is required by VanderVeer Center, before, during, and after treatments.

**G. Consent to Procedure**

- I understand Pixel® skin resurfacing is a laser designed for fractional ablative skin resurfacing and clinical results may vary. Although good results are expected, I understand that multiple treatments may be required and that no guarantee has been made, either explicit or implied, as to treatment outcome. I understand that to achieve maximum results the protocol prescribed by VanderVeer Center should be adhered to. The number of treatments and results of treatment vary per patient and may be affected by the following individual factors, including but not limited to: medical history and medications, skin type, skin conditions, degree of skin irregularity, amount of past sun damage, skin laxity, patient age, patient compliance with pre and post treatment instructions, and lifestyle choices such as smoking, diet and sun exposure.
- I have provided my complete medical history and medications.
- I understand that contraindications for Pixel skin resurfacing include use of Accutane® within the last 6 months, current use of photosensitive medications, pregnancy, current skin cancer, active oral Herpes Simplex (cold sores), and prolonged exposure to sun or artificial tanning within the 4 weeks prior to treatment.
- I understand it is important to follow aftercare instructions to maximize treatment results and minimize the chance of an adverse reaction. I understand VanderVeer Center recommends Volante® Skincare Products to enhance the results of my Pixel treatment.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.
- I agree if I have any concerns regarding my Pixel® treatment, I will contact VanderVeer Center promptly to make arrangements to be evaluated by a VanderVeer Center medical provider within 24 hours.

**I elect to proceed with Harmony® Pixel® Erbium Skin Resurfacing**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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