



Woodbridge Dermatology
& Laser Centre

www.woodbridgedermatology.ca

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**PATIENT'S INFORMED CONSENT FORM FOR
CRYOTHERAPY (LIQUID NIROGEN)**

Liquid Nitrogen is -196°C and has been applied today by Dr. Nield for the treatment of one of the following:

- Warts
- Mollescum Contagiosum
- Benign Seborrhic Keratoses
- Actinic Keratoses
- Skin Tags
- Dermatofibromas
- Pyogenic Granulomas
- Some superficial Skin Cancers

I understand that the treated lesion(s) may blister in 2 to 24 hours, then a crust (scab) will form and there may be swelling and redness around the treated area. The crust may last for 8 to 12 days. If I pick it off, it will increase the risk of scarring.

I understand that possible side effects include:

- scarring
- skin discolourations – lighter or darker skin colour
- it may be red for a number of weeks after treatment
- the lesion may need subsequent treatment(s)
- there is a small risk of infection occurring
- the lesion may reoccur
- the lesion may itch during healing.

I understand that I can shower within 12 hours, I can wear a band-aid to protect the lesion for a few days. I can apply Cicaplast two (2) times a day for a few weeks to aid in healing.

I will not rub the crust off with a towel or face cloth, but will pat it gently with a towel.

I will not apply moisturizers or makeup on the treated area(s) until the crust has fallen off.

I will avoid sun exposure for at least one-month post treatment.

I am aware that one (1) session consists of one (1) to twelve (12) lesions and there will be a set fee for each session.

I agree to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publication or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

If I have any concerns, I will contact Dr. Nield.

Patient's Name: _____ Patient's Signature: _____ Date: _____