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CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY
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CONSENT for Venus Viva SKIN RESURFACING TREATMENT

Patient Name: Date:

Venus Viva is a non-surgical radio frequency nano-fractional device designed to resurface the skin. The device delivers targeted columns of radio frequency energy to the tissue, designed to damage the existing collagen, stimulating the body's natural healing response. Once the collagen has been damaged, the body begins to repair the collagen by replacing the damaged collagen with new collagen. The radio frequency also stimulates the body to produce new fibroblasts, the "houses" that create collagen, thus increasing the amount of collagen in the tissue. This wound healing response creates a smoother appearance to the skin, plumps up fine lines and wrinkles, treats acne scars, and reduces pigmented lesions and textural irregularities of the skin.

I AM AWARE OF THE FOLLOWING POSSIBLE SIDE EFFECTS WITH Venus VIVA SKIN RESURFACING TREATMENT:

HEATING SENSATION – warm feeling in the area can last a few seconds to hours. There could also be dry skin.

ERYTHEMA (redness) and EDEMA (swelling) - Redness & swelling of the treated area can occur but usually subsides within a few hours but could last a few days.

PIGMENT CHANGES (Skin Color) – Hyperpigmentation and hypopigmentation of the skin in the treated area can occasionally occur. Mostly it is transient, lasting up to six months, but in rare cases it can be permanent.

BLISTERS – in rare cases, a blister may result after treatment. This side effect is usually temporary, lasting from five to ten days.

Acknowledgements:

- *I UNDERSTAND I SHOULD NOT HAVE THIS TREATMENT IF I HAVE AN IMPLANTED MEDICAL DEVICE SUCH AS A PACEMAKER, DEFIBRILLATOR, BLADDER STIMULATOR, DIABETIC MONITOR OR ANY OTHER IMPLANTED ELECTRONIC MEDICAL DEVICE, A METAL OR SILICONE IMPLANTS IN THE TREATED AREA, DEGERATIVE NEUROLOGIC DISEASE, HERPES SIMPLEX, INFECTION IN TREATED AREA, HISTORY OF CANCER, THYROID GLAND DISORDER, VARICOSE VEINS, PREGNANT/IVF PROCEDURE, SKIN RELATED AUTOIMMUNE DISEASES, HAVE DIABETES OR TAKE INSULIN, HAVE TAKEN ACCUTANE IN THE LAST 6 MONTHS, HAVE TAKEN CONTAINMENT MEDICATIONS SUCH AS STERIODS.*

- *I UNDERSTAND I SHOULD WAIT 1 MONTH AFTER A FILLER/NEUROMODULATOR TREATMENT, SUN EXPOSURE OR TANNING BED BEFORE HAVING A TREATMENT.*

- *I UNDERSTAND THAT UTILIZING RADIO FREQUENCY IS NOT AN EXACT SCIENCE AND I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THE PROCEDURE.*

- *I UNDERSTAND THAT CLINICAL RESULTS VARY DEPENDING UPON INDIVIDUAL FACTORS AND INDIVIDUAL RESPONSE TO TREATMENT.*

- *I CONSENT TO THE ADMINISTRATION OF SUCH TOPICAL ANESTHESIA CONSIDERED NECESSARY OR ADVISABLE. I UNDERSTAND ALL FORMS OF ANESTHESIA INVOLVE RISK AND THE POSSIBILITY OF COMPLICATIONS, INJURY AND SOMETIMES DEATH.*

- *I UNDERSTAND THAT EVEN THOUGH APPROPRIATE MEASURES ARE TAKEN TO REDUCE SIDE EFFECTS, THEY CANNOT BE COMPLETELY ELIMINATED IN EVERY CASE. I UNDERSTAND THAT THE TREATMENT MAY INVOLVE RISKS OF COMPLICATION OR INJURY FROM BOTH KNOWN AND UNKNOWN CAUSES, AND I FREELY ASSUME THESE RISKS.*

- *I UNDERSTAND AND AGREE THAT ALL SERVICES RENDERED TO ME ARE CHARGED DIRECTLY TO ME AND THAT I AM PERSONALLY REPONSIBLE FOR PAYMENT. NO REFUNDS WILL BE GIVEN FOR TREATMENTS RECEIVED. IF PURCHASING A PACKAGE OF TREATMENTS, NO REFUNDS WILL BE GIVEN UNLESS DR GUTOWSKI AND OFFICE, aFresh Med Spa & Plastic Surgery, IS UNABLE TO PERFORM THE TREATMENTS.*

- *I UNDERSTAND THAT THERE MAY BE OTHER TREATMENT OPTIONS AND OTHER TYPES OF LASERS/LIGHT SOURCES. WITH THIS IN MIND, I AM CHOOSING THIS NON-INVASIVE TREATMENT FOR POTENTIAL IMPROVEMENT IN SKIN TEXTURE AND APPEARANCE AND NO GUARANTEE, WARRANTY, OR ASSURANCE HAS BEEN MADE TO ME AS TO THE RESULTS THAT MAY BE OBTAINED. I AM AWARE THAT MULTIPLE TREATMENTS ARE NECESSARY BEFORE SEEING AN IMPROVEMENT. MOST PATIENTS REQUIRE A MINIMUM OF 3 TREATMENTS SPACED 4-6 WEEKS APART AND THEN ONGOING MAINTENANCE TREATMENTS OVER SEVERAL MONTHS WITH VERSA OR ANOTHER RECOMMENDED TREATMENT. RESULTS ARE GRADUAL, OCCURRING OVER TIME. CLINICAL RESULTS WILL VARY PER PATIENT. I AGREE TO ADHERE TO ALL SAFETY PRECAUTIONS AND REGULATIONS DURING THIS TREATMENT.*

- *PHOTOGRAPHS: I GIVE PERMISSION FOR MY PHOTOGRAPHS TO BE USED TO HELP DOCUMENT MY TREATMENT COURSE. CONFIDENTIALITY WILL BE MAINTAINED.*

- *THE NATURE AND PURPOSE OF THE TREATMENT HAVE BEEN EXPLAINED TO ME. I HAVE READ AND UNDERSTAND THIS AGREEMENT. ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACATION AND I CONSENT TO THE TERMS OF THIS AGREEMENT. ALTERNATIVE METHODS OF TREATMENT AND THEIR RISKS AND BENEFITS HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TREATMENT.*

I hereby give my consent and authorization voluntarily, and release

Karol A Gutowski, MD LLC & *aFresh Med Spa & Plastic Surgery* and its employees from any claims implied or understood that I have or may have in the future, connected with this treatment, regardless of result(s). I am stating that I fully understand the above precautions, and the treatment was fully explained to me in detail, along with all the risks and benefits. I will notify the office of any adverse effects immediately, and also certify, that if any changes occur in my medical history/health or regime I will notify the office as soon as possible.

Patient (Print Name)	Signature	Date
Witness (Print Name)	Signature	Date