Karol A Gutowski, MD, FACS
Aesthetic Surgery
Certified by the American Board of Plastic Surgery
Member American Society of Plastic Surgeons

CONSENT for Venus $(MP)^2$ RF TREATMENT

Patient Name: Date:

Venus $(MP)^2$ Treatment uses a non-surgical radio frequency, pulsed electromagnetic device that has demonstrated improvement in the smoothness and laxity of skin; however, a complete elimination of all laxity is not a realistic expectation. The device delivers radio frequency and pulsed electromagnetic energy targeted at the tissue, designed to stimulate the body to produce new collagen.

I AM AWARE OF THE FOLLOWING POSSIBLE SIDE EFFECTS WITH Venus $(MP)^2$ RF 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, DEGENERATIVE NEUROLOGICAL DISEASE, HERPES SIMPLEX, INFECTION IN THE 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 ANTI-INFLAMMATORY MEDICATIONS SUCH AS STERIODS.*
- *I UNDERSTAND I SHOULD WAIT 1 MONTH AFTER A FILLER/NEUROMODULATOR 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 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 SKIN TIGHTENING 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. WHEN TREATING THE FACE, MOST PATIENTS REQUIRE A MINIMUM OF 6 TREATMENTS SPACED A WEEK APART AND THEN ONGOING MAINTENANCE TREATMENTS OVER SEVERAL MONTHS. WHEN TREATING THE BODY, A MINIMUM OF 8 TREATMENTS ARE NEEDED AND THEN ONGOING MAINTENANCE. 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