



## Vanquish Treatment Consent

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

Nouveau Medispa staff has explained the nature of my condition, the nature of the procedure and its alternative treatments, and the benefits to be reasonably expected compared with alternative approaches. This document is a written confirmation of this discussion.

Please initial below:

I understand that completing a full treatment series, administered 7-14 days apart, is necessary to maximize treatment efficacy.

I understand that good dietary habits, sufficient intake of water and light physical activity are beneficial and may optimize results.

I confirm that I do not have an inserted pacemaker, internal defibrillator, or any other active or non-active metal implants. I am not pregnant or breastfeeding.

Just as there may be benefits to the procedure proposed, I understand that all procedures involve risks to some degree:

**Pain-** Some people may feel some pain with this treatment. The discomfort is usually temporary, lasting only a few seconds.

**Reddening-** Treatment may cause a reddening of the area. The reddening will go away in 1-2 hours after treatment. In some instances, the redness can persist for several weeks but is extremely uncommon.

**Swelling-** Treatment may cause swelling, which will usually go away in 3-5 days or less but is extremely uncommon.

**Bruising-** Treatment may cause bruising and tissue tenderness but this is extremely uncommon.

**Pigment Changes-** Very uncommonly, the treated area may heal with increased or decreased pigmentation (skin coloring). This occurs most often with darker pigmented skin and after exposure of the area to the sun. You may have experienced this type of reaction before and noticed it with minor cuts or abrasions. The treated area must be protected from exposure to the sun (sunscreen for 2-3 weeks after treatment) to minimize the changes of too much pigmentation (hyperpigmentation). However, in some subjects, hyperpigmentation may occur even if the area has been protected from the sun. These spots usually fade in three to six months; however, in some cases, the pigment change is permanent. A reduction in pigment (hypo pigmentation) is also possible, but this is a very uncommon effect.

**Blistering/Burns-** The procedure may produce heating in the upper layers of the skin, resulting in blister formation. The blisters, which are uncommon, usually clear within two to four days.

**Scabbing-** A scab or crust may develop after the blister forms. The scabbing disappears during the natural wound healing process of the skin over 5 to 10 days.

**Infection-** This is rare following treatment if proper care is taken after the procedure.

**Scarring-** There is a small chance of skin scarring because of the heat delivered to the skin. The types of possible scars include raised scars or slightly depressed scars. Scarring is a possibility but extremely uncommon.

**Altered Sensation-** There may be altered sensation or permanent or transient nerve damage at the treatment site. However, this is extremely unlikely because the system has been designed to deliver a controlled application of energy to the tissue.

**Noticeable Difference-** Because all individuals are different, it is not possible to completely predict who will benefit from treatment with the Vanquish device. Some patients will have terrific results, while other may have little or no improvement. Your provider has tried to predict as carefully as possible how you will do with treatment, but by signing this consent form, you acknowledge that guarantees as to the final results of your treatment have not been made. It is also possible that additional treatments may be required. It is important to be aware that there is a fee associated with these additional procedures.

I am aware that other unexpected risks or complications may occur and that no guarantees or promises have been made to me concerning the results of any procedure or treatment. It has also been explained that during the course of the proposed procedures, unforeseen conditions may be revealed requiring performance of additional procedures.

I agree to before and after treatment photographs, measurements, and weight as this will help the evaluation or the results of the treatment.

The practice of a Medispa is not an exact science. Although good results are to be expected, there is not a guarantee or warranty expressed or implied as to the results that may be obtained. There are variable conditions, risks and potential complications that may influence long-term results from treatments. Your provider may provide you with additional or different information that is based on all facts in your particular case or state of medical knowledge. Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determine on the basis of the facts involved in an individual case and are subject t change as scientific knowledge and technology advance an as practice patterns evolve.

With my consent, Nouveau Medispa may use protected health information about me to carry out treatment. I authorize them to call or send mail to my designated location(s).

I certify that I have read this entire document and that I agree with all provisions. I certify that I have had the opportunity to ask questions and these questions have been answered in full to my satisfaction. I fully understand the treatment conditions, the procedure and possible side effects.

I request the performance of the procedure(s) described above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained the above statements to the patient and answered all questions.

Physician/Clinical Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_