



Votiva Informed Consent

Patient name _____

Treatment sites _____

I duly authorize _____ **to perform** _____ **treatment.**

_____ I understand that the InMode Votiva System is a medical cosmetic device delivering RF energy for the treatment of selected medical conditions such as relief of minor muscle aches and pain, relief of muscle spasm, temporary improvement of local blood circulation as well as for use in dermatological and general surgical procedures for electrocoagulation and hemostasis.

_____ I understand that the Votiva includes two treatments of which I may receive during treatment. *FormaV* involves heating without skin ablation for skin tightening while *FractoraV* involves fractional skin resurfacing and skin tightening. I understand that the InMode Votiva is a device also used for fractional skin resurfacing, skin tightening of which I am consenting to be a patient receiving Votiva treatment.

_____ I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre- and post-treatment instructions, and individual response to treatment.

_____ I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration. These effects have been fully explained to me.

_____ I understand that treatment with the Votiva system involves a series of treatments and the fee structure has been fully explained to me _____ (patient's initials).

_____ I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

_____ I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

_____ I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

_____ I certify that I have been fully informed of the nature and purpose of the procedure and understand all the information presented to me, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

_____ I understand the risks of side effects, despite proper treatment, exist in **all** cases, but can be greatly reduced by following the pre and post treatment instructions given to me. I understand the purpose of the procedures. I further understand that treatment results **will** vary between individuals. I understand that there are many variables that may affect my treatments and that I have been made no promises of any results.



Votiva Pre and Post Treatment Instructions

Pre-Treatment Instructions:

- Avoid the following two weeks prior to Votiva treatments: Electrolysis, waxing, depilatory creams, laser hair removal, sun exposure, laser therapy, any kind of tanning or sunbathing.
- If you have herpes, you must take anti-viral medication for 7 days before the treatment to reduce risk of flare-up.
- You must stop use of Accutane for at least 6 months prior to treatment.

Please reveal any medical conditions that may be of significance such as **diabetes, pregnancy, cold sore and fever blister tendencies, HIV/AIDS**, any allergy, recent surgery, and all current medications (including both prescriptions and over-the-counter products) such as Accutane, tetracycline, hormone replacement therapy, or if you have a **bladder stimulator, Pacemaker, or heart condition**.

An I.U.D. is NOT a contraindication to treatment.

Post-Treatment Instructions:

- Absolutely **NO** intercourse/any use of foreign objects for 2 days after treatment. These may lead to tearing and infection and are strictly against post-procedure care instructions.
- **NO** hot tubs for 2 days after treatment.
- Avoid **ANY** heat to the treatment area for at least three days after treatment. This includes exercise, sun exposure, hot showers or baths, saunas, friction to the area, or any other activity causing sweat.

If you have any discomfort lasting longer than 24 hours, please contact us.