



Votiva Consent Form Fractora

I understand that Votiva is a Bipolar Radiofrequency Device that is used for the remodeling of tissue. The Fractora is fractional RF used for the skin of the face and body. It has been explained to me that although RF treatments have been very effective there's no guarantee that I will benefit from this treatment.

I understand most common side effects of complications from the treatment are the following:

- Pain: Although unlikely, you may experience pain after your procedure. If you feel significant discomfort after the treatment, you may use over-the-counter pain medications.
- Swelling: There may be swelling in the treatment areas after the procedure which can last up to one week.
- Bruising: You may experience temporary bruising in the treatment area which will subside with healing.
- Ecchymosis and Purpura: You may experience some temporary bruising or purple discoloration in the treatment area which will subside with healing.
- Blistering: You may experience some temporary blistering in the treatment area which will subside with healing.
- Burn: You may experience a burn which can be mild, moderate or severe in the treatment area. Minor burns generally heal without difficulty but more severe burns, although extremely rare, can lead to scarring, sensory or pigment changes.
- Scarring: The risk of this complication is minimal, but can occur whatever the surface of the skin is disrupted. Strict adherence to all postoperative instructions will minimize the possibility of this occurrence.
- Allergic reaction: It is possible to experience an allergic reaction to an inhaled anesthetic, topical cream or oral medication.
- Herpes Eruption: it is possible, even with the antiviral prophylaxis, to experience a herpes eruption if you are an HSV carrier. Inform the doctor immediately if you experience pain, skin eruption or a blistering post treatment.
- Infection: this treatment has the potential to cause skin damage, so infection is possible, including urinary tract infection. Although unlikely, infection can be life-threatening if it does occur and is left untreated. Signs and symptoms of infection include redness, fever, pain, pus and swelling. Should an infection occur, you should contact the doctor for immediate evaluation and treatment.

It is important that you tell the doctor if you experience any of the side effects.

I understand the clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre/post treatment instructions and individual response to treatment. I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications. I understand that no guarantee can be given after the final results obtained. I am fully aware that the decision to proceed is based solely on my expressed desire to do so. I confirm that I have properly informed AgeWell regarding any current or past medical conditions and medications taken.

CONSENT FOR PHOTOGRAPHS

I consent to the taking a photograph that I authorized the anonymous used for the purpose of medical audit, education and promotion.



CONSENT FOR ANESTHESIA

I consent to the administration of local anesthetics and nitrous oxide 50%/oxygen 50% as may be considered necessary by Dr. Garza. I understand that the risks of anesthesia include but are not limited: local discomfort, swelling, bruising, allergic reactions to medications, seizures, difficulty breathing and death.

CONSENT FOR TREATMENT

I have read and understand the above. I have had the opportunity to ask any questions regarding Votiva. All of my questions have been answered to my satisfaction. I further acknowledge that there may be risks of the procedure that we do not know at this time. I understand that the risks and benefits of this treatment have been explained to me and I have been informed that I may experience complications, including one or more of those listed above. I accept the risks and benefits and I consent to Votiva.

I understand that Dr. Garza will not be assuming care as my primary physician. I agree to hold Dr. Garza harmless for any complications that may occur. I have discussed any questions and concerns with the doctor.

Printed Name

Signature

Date

