

Patient Name: _____

Chart#: _____


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Forma V/VTONE/Morpheus8V Consent Form

Patient Name: _____
(Last) (First) (M.I.)

Date: _____

_____ I understand the **FORMA V** is a radiofrequency (RF) device used for the remodeling of
Initial the skin in the vaginal and vulvar regions and the external skin of the labia.

It has been explained to me that although RF treatments for vaginal rejuvenation conditions have been shown to be very effective there is no ABSOLUTE guarantee that I will benefit from this treatment. The risks associated with use of the FORMA V device have been demonstrated to be minimal.

_____ I understand that the **VTONE** is an EMS (Electrical Muscle Stimulation) device used for
Initial intra vaginal treatment providing electrical stimulation and neuromuscular re-education for the purpose of rehabilitation of weak pelvic floor muscles for the treatment of stress, urge, and mixed urinary incontinence in women. It has been explained to me that although EMS treatments has been very effective there is no guarantee that I will benefit from this treatment.

_____ I understand that the **MORPHEUS 8V** technology utilizes fractional radiofrequency
Initial (RF) to induce ablation, thus improving the appearance of the treated tissue, stimulates collagen generation and replenishment.

I understand the most common side effects and complications from this treatment are the following (depending on the procedure scheduled):

1. Pain: you may experience pain during or after the procedure. If having pain during, please let Dr Praderio know. If you feel significant discomfort after the treatment, you may use over the counter pain medications after the procedure like Tylenol or apply an ice pack.
2. Swelling: there may be swelling in the treatment areas after the treatment which can last up to one week in duration.
3. Bruising: you may experience temporary bruising in the treated area which will subside with healing.
4. Blistering: you may experience some temporary blistering in the treatment area which will subside with healing.
5. Burn: Although VERY rare, you may experience a burn which can be mild, moderate or severe to different degrees in the treatment area. Minor burns generally heal without difficulty but more severe burns, though rare, can lead to scarring, sensory or pigmentary changes.

6. Pigmentary changes: you may experience lightening of the skin which may be temporary or permanent (hypopigmentation). You may experience temporary or permanent darkening of the skin (hyperpigmentation).
7. Scarring: the risk of this complication is exceedingly RARE, but it can occur whenever the surface of the skin is disrupted. Strict adherence to all post-operative instructions will minimize the possibility of this occurring.
8. Allergic reactions: it is possible to experience an allergic reaction to an anesthetic, topical cream, or oral medication.
9. Herpes Eruption: it is possible, even with antiviral prophylaxis, to experience a herpes eruption if you are an HSV carrier. Inform your doctor immediately if you experience pain, skin eruptions or blistering post-treatment so that the proper treatment can be initiated.
10. Infection: this treatment has the potential to cause skin damage, so infection is possible. Infection is unlikely but signs and symptoms of infection are: redness, fever, pain, pus and swelling. Should infection occur, you should contact your doctor for immediate evaluation and treatment.

It is important that you tell your doctor if you experience any of these side effects. I understand that clinical results may vary depending on individual factors, including but 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, and I understand that no guarantee can be given as to the final result obtained. I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken. I confirm that I have had an up-to-date normal PAP test and that I have communicated these results. 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.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Witness Signature		Date