BEAUTOX BAR

V Tone Informed Consent

I understand that the VTONE is an EMS (Electrical Muscle Stimulation) device used for 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 the most common side effects and complications from this treatment are the following:

1. **Pain:** you may experience pain during or after the procedure. If you feel significant discomfort after the treatment, you may use over the counter pain medications after the procedure.
2. **Swelling:** there may be swelling in the treatment areas after the treatment which can last up to one week in duration.
3. **Skin irritation and burns:** 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 rate, can lead to scarring, sensory or pigmentary changes.
4. **Scarring:** the risk of this complication is minimal 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.
5. **Allergic reactions:** it is possible to experience an allergic reaction to an anesthetic, topical cream or oral medication.
6. **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.
7. **Infection:** this treatment has the potential to cause skin damage, so infection is possible. Infection is unlikely, but can be life-threatening if it does occur and is left untreated; signs and symptoms of infection are: redness, fever, pain, pus and swelling. Should infection occur, you should contact you 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 give as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to procced is based solely on my expressed desire to do so.

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 consent to the taking of photographs and authorize their anonymous use for the purpose 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.

YOU SHOULD NOT HAVE THIS TREATMENT IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS (CONTRAINDICATIONS):

- Active electrical implant in any region of the body
- Vaginal of pelvic surgery within the last 12 months

• Implants of mesh in the treatment area

• History of genital herpes

• Uterine prolapse, cystocele or rectocele greater than Grade 1

• Urinary tract infection

• Pelvic infection

• Active malignancy or cancer treatment within the last 5 years

• Melanoma

• Dysplastic nevi in the treatment zone

• Malignant recurring lymph node dissection of the pelvic area or significant lower lymphatic drainage problems

• Concurrent illnesses such as significant cardiac disease, diabetes, autoimmune disease or any other concurrent illnesses which may impede the wound healing response or disease, which the physician deems may interfere with proper recovery

• History of epidermal or dermal disorders involving collagen or microvasculature

• Pregnant and nursing

• Impaired immune system due to immunosuppressive diseases, such as AIDS and HIV, or use of immunosuppressive medications

• Diseases which may be stimulated by radiofrequency

• Use of anticoagulants or history of bleeding diathesis

• Any active condition in the treatment area, such as open lacerations, abrasions or lesions, psoriasis, eczema, or rashes

• History of skin disorders, keloids, abnormal wound healing(caution should be exercised if treating very dry and fragile skin)

• Any surgical procedure in the treatment area within the last 3 months or before complete healing

• Treating over tattoo or over permanent makeup

• History of Accutane use in the previous 6 months

• History of oral corticosteroid use in the previous 6 months

• Excessively tanned skin in the treatment area from treating any condition which might make it unsafe for the patient Any of these conditions may be treated at the discretion of your physician. We may require that you bring a written consent from your specialist if we deem it necessary.

I, <PersonalInfo.FullName>, do NOT have any of these CONTRAINDICATIONS and I consent to have a practitioner from Beautox Bar LLC conduct a V Tone treatment on me.