



ABSOLUTE
COSMETIC MEDICINE

MONALISA TOUCH CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

I, the undersigned Mrs/Ms/Missauthorise,
Dr to perform fractional CO2 laser treatment on vulvovaginal mucosa/
area on me.

I declare to have received from Dr.....a detailed explanation concerning the treatment mentioned above and all necessary material for a complete and comprehensive understanding of the laser procedure which I will undergo. I also declare that I have been able to discuss these expectations, to have asked all the questions that I felt were necessary and have been given satisfactory answers, as well as having had the opportunity to enquire about the details of the procedure with a person I trust.

In particular, I declare to have been made aware of:

- a) The type of intervention
- b) The risks related to the intervention itself, as well those related to anesthesia
- c) Any possible complications
- d) The post-operative course
- e) Alternative therapies

I also understand that not adhering to the post-care instructions provided to me by the doctor may increase my chance of complications.

POSSIBLE SIDE EFFECTS AND POST-TREATMENT INDICATIONS

Only a small percentage of patients reported transitory side effects, such as slight reddening or light swelling immediately after a session, which normally resolve in a day or two of rest.

The following may rarely occur;

- Slight blood leakage that resolves in the 24 hours following treatment and does not require any type of treatment.
- In patients with low immune defenses (from whatever origin), it may occur that the immune response to the inflammation induced by the treatment is more evident than normal and may lead to swelling of the inguinal lymph nodes. You should be informed of this eventuality to avoid needless concern.



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Pre-Treatment Instructions;

- Have you ever been diagnosed with a herpes infection? YES NO
- Patients who have previously experienced herpes infections may experience re-occurrence of this condition and will require a course of antiviral medication in conjunction with treatment.

Post-Treatment Instructions;

For a minimum of 3 days after the treatment it is important that you:

- Avoid any sexual activity.
- Avoid hot baths, spa baths or chlorinated pools, lifting heavy weights or strenuous exercise.
- Wear underwear made of natural fibers that is not too tight fitting.
- Avoid tights and tight-fitting trousers to allow the treated area to breathe as much as possible.

TREATMENT FREQUENCY

The results of the treatment are generally evident within 30 days of the first session. Normally, it is advisable to do a complete cycle of 3 sessions with intervals of about 30-60 days. The number of sessions can however be changed depending on the degree of vaginal atrophy or laxity to the treated.

A thorough gynaecological examination will allow establishing the most suitable therapeutic plan.

It is advisable to do 1-2 maintenance sessions about a year after the end of the treatment cycle.

PATIENT CONSENT

Patients Signature: _____

Patients Name: _____

Date: _____

I cannot dispute what I have read, agreed to and signed above. If I do then I agree to pay all costs incurred by ACM if I breach this agreement.

I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy. (please initial) _____