



## NanoFractional RF Treatment Consent Form

The Venus Versa™ Nano Fractional RF is a non-surgical Nano Radio Frequency and Nano Fractional device designed to resurface the skin.

### Potential benefits of the Venus Versa Treatment

The treatment has many potential benefits that are subjected to, but not limited to, the following:

- Significant improvement of pore size
- Smoother appearance to the skin
- Plump up fine lines and wrinkles and firm the skin
- Treats acne scars
- Reduce or diminish stretch marks
- Reduce pigmented lesions and textural irregularities of the skin
- Reduce of skin bumps on all areas of the body
- Reduce collagen production

### Potential Risks and Complications of the Venus Versa Treatment

Risks and complications with Venus Versa NanoFraction RF treatments should be discussed with you by the provider to ensure you fully understand the alternatives, risks, and average outcomes of the treatment. Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. Infrequently, it is necessary to perform additional treatment(s) to improve your results. The risks and complications are subjected to, but not limited to, the following:

- Blisters: in rare cases, a blister may occur as a result of the treatment. In this instance, will recommend for the treatment of the blister.
- Hyper- or Hypo- pigmentation: In rare cases a patient may experience changes in their skin color which may or may not be permanent. In these cases, will recommend appropriate procedures which may address the changes in the appearance of the color of the tissue.
- Swelling: Edema (or swelling of the skin) is common and will resolve in a few days. Edema may occur as early as immediately post treatment and as late as a few days post treatment. It is advised to seek a consultation and follow up appointment with should you require medical attention or have concerns

### Driving after a Venus Versa Nanofractional RF Treatment

Post-treatment discomfort and/or sedation, swelling, anxiety, and altered sensation can possibly limit full mobility of the body and/or face, or cause you to be distracted or drowsy while driving, and thus may compromise the ability to safely drive a car. It is recommended that all clients undergoing any procedure do not operate a vehicle post-treatment if their vision, concentration, or range of motion is impaired in any way. In these circumstances, all clients should have a companion available to drive them home. It is strongly recommended that you have someone accompany you if you take a taxi or ride service home.

I have received the following information/informed consent booklet for Nanofractional RF treatment:

1. I hereby authorize, and/or such assistants as may be selected to perform the procedure explained above and/or treatment:
2. I recognize that during the course of the procedure/treatment unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and/or assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. As part of the requirements of the treatment, my chart may be subject to a peer review for quality control.
4. There are risks and complications to the procedure/treatment proposed
5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
6. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
7. I understand that the signature of the witness (if a non-physician) on this document indicates that the signing of my name has been observed.
8. Any questions I have or had have been answered to my satisfaction.

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Print Name Here

Patient Signature

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Date

Witness

