Pure Aesthetica

EVERESSE By VOLNEWMER

INFORMED CONSENT

I hereby authorize **Pure Aesthetica** to perform the **Everesse RF treatment** on me. It may take multiple treatments to obtain optimal results, and it is possible the results will be minimal or not help at all. The results may be temporary or permanent and there is no way to predict how long the results will last. Although this device is effective in most cases, no guarantees can be made.
Everesse by Volnewmer: uses single pulse non-invasive monopolar radiofrequency energy to stimulate collagen generation in both the papillary and reticular dermis, while safeguarding the epidermis.

BEFORE THE PROCEDURE

- *Are you pregnant or breastfeeding?* ***YES*** ***NO***
- *Do you have a spay tan or recent UV exposure resulting in a burn at the treatment site?* ***YES*** ***NO***
- *Have you received any tox or filler at the treatment site within the last 3 weeks?* ***YES*** ***NO***
- *Do you have any open wounds or abnormal conditions at the treatment site?* ***YES*** ***NO***
- *Do you have any implanted electronic devices, such as a pacemaker or defibrillator?* ***YES*** ***NO***
- *Have you used Acutane or Isotretinoin in the last 5-6 months?* ***YES*** ***NO***
- *Have you discontinued all retinols/glycolics 1 week prior to treatment?* ***YES*** ***NO***
- *Do you have any metal in the body?* ***YES*** ***NO*** ***explain:*** _____

The procedure may result in the following adverse experiences or risks:

DISCOMFORT/PAIN – Some discomfort and/or pain may be experienced during treatment. Discomfort is usually temporary and localized to the treatment area, typically resolving within a week.
REDNESS – Redness (erythema) of the treated area is common and typically resolves within a few hours. On rare occasions, it may last up to several weeks.
SWELLING – Swelling (edema) of the treated area is common and typically resolves in a few hours.
SURFACE IRREGULARITIES – In very rare cases, the procedure may result in the development of surface irregularities, variously described as dents or waffling in the surface of the skin, or loss of subsurface fat volume. In a few cases, these symptoms have resolved over the course of time.
BURNS; BLISTERS; SCABBING; SCARRING - Heating in the upper layers of the skin may cause burns and subsequent blister and scab formation. Heating may produce a separation between the upper and middle layers of the skin resulting in blister formation. Blister(s) usually disappear within 2-4 days. A scab may be present after a blister forms, but typically disappears during the natural skin wound healing process. Scarring is possible due to the disruption to the skin's surface and/or abnormal healing. Scars, which can be permanent, may be raised or depressed and could lead to loss of pigment (hypopigmentation) in the scarred area.
PIGMENT CHANGES - Treatment may cause a color change to the skin, leaving it lighter (hypopigmentation) or darker (hyperpigmentation) at the exposure site. The time that the skin color remains affected varies from patient to patient.
HERPES SIMPLEX REACTIVATION - Herpes Simplex Virus (cold sore) eruption may result in rare cases in a treated area that has previously been infected.
BLANCHING - The treated area may become temporarily white. Blanching typically resolves within 24 hours.
BRUISING - The treatment may cause bruising which typically dissipates within several days.
ALTERED SENSATION - The procedure may produce in very rare cases altered sensation, including numbness, tingling or temporary paralysis. These cases have typically resolved in a few days, but a few cases have persisted for up to a few weeks.

CONTRAINDICATIONS

- EVERESSE cannot be performed on patients with implantable: pacemaker, cardioverter/defibrillator (ICD) or any electronic devices.
- EVERESSE cannot be performed on patients who are pregnant or are breastfeeding.
- EVERESSE cannot be performed on patients with a pathological abnormality or open wound at the treatment site.
- EVERESSE cannot be performed on patients with ongoing cancer or malignant disease(s).
- EVERESSE cannot be performed on patients who have been on vitamin A derivative (e.g. Accutane, Isotretinoin) in the last 5-6 months.

PATIENT'S DECLARATION

I have read and understood all the information provided and I have had the opportunity to ask any questions concerning the nature of the treatment, its expected results, and its possible risks and complications. It has been explained to me that the results of EVERESSE treatment can vary from patient to patient. I also understand that the results will be seen gradually over a period of up to 6 months, and that some patients will benefit from more than one treatment. I have been made aware of the contraindications and precautions that will exclude me from being a candidate of receiving EVERESSE treatment. All of the contraindications and precautions do not apply to me. I understand that EVERESSE treatment is a non-invasive treatment. I also understand that it is not designed to produce the same results as an invasive surgical procedure.

☆ **Photo documentation will be taken. I authorize the use of my photos for teaching purposes: YES NO**

BY MY SIGNATURE BELOW, I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THE EVERESSE INFORMED CONSENT, AND I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY PURE AESTHETICA.

Printed Patient Name	Patient Signature	Date
Printed Practitioner Name	Practitioner Signature	Date