About Face & Body

Vaginal Rejuvenation CO2 Fractional Laser Treatment

Informed Consent to Treat

I request and authorize _____ to perform a
procedure using the RejuVAnate CO2 Fractional laser.

Therapy using Fractional CO2 is an appropriate treatment for patients experiencing
gynecologic changes due to estrogen decline or after childbirth.

The laser produces small columns of damage in the soft tissue of the vaginal walls. These
columns help stimulate new collagen production which helps promote improved
gynecologic health.

The nature and effects of the procedure, the results, as well as alternative methods of
treatments have been fully explained to me by the physician or physician assistants and I
understand them.

I have been thoroughly and completely advised regarding the end point of the procedure. I
understand that the practice of medicine and surgery is not an exact science and no results
have been guaranteed. I acknowledge that the results may not meet my expectations. I
certify that no guarantees have been made by anyone regarding the procedure(s) that I
have requested and authorized.

All persons in the treatment room, including myself, will wear protective eyewear to
prevent eye damage.

I understand the procedure is comfortably tolerated without sedation or anesthesia,
although a topical numbing cream may be offered to me to aid in the comfort of external
treatments and if needed, for probe insertion. The treatment takes about 5 minutes to
complete. The possible associated side effects following this procedure ma include vaginal
spotting, mild vaginal bleeding, pink or brown vaginal discharge, mild to profuse watery
vaginal discharge, irritation, burning upon urination, and discomfort.

I may be instructed by my clinician to refrain from strenuous exercise and sexual activity
for up to a week after the procedure.

I have read and understand all information presented to me before signing this consent. I
have also been given the opportunity to ask questions and understand the information
provided.

Signed:_____ Date:_____

Witness:_____Date:_____