



PATIENT INFORMATION

NAME : _____ D.O.B. _____

WEIGHT : _____ HEIGHT : _____ BMI : _____

Pre-Treatment Photos Taken : ☐ Yes ☐ No

BEFORE THE PROCEDURE

- Are you pregnant or breastfeeding? ☐ Yes ☐ No
- Do you have any pathological abnormality or open wound at the treatment site? ☐ Yes ☐ No
- Do you have any implantable electronic devices, such as an artificial pacemaker or implanted defibrillator? ☐ Yes ☐ No
- Are you on or have you taken vitamin A derivatives in the last 6 months? ☐ Yes ☐ No

The nature of the VOLNEWMER procedure has been explained to me. I understand that just as there may be benefits from the procedure, all procedures involve risk to some degree.

WHAT TO EXPECT DURING AND AFTER VOLNEWMER TREATMENT

- You can expect to experience some discomfort as radiofrequency (RF) energy is delivered. Your practitioner will plan to optimize your comfort during the procedure.
- VOLNEWMER treatment times vary based on treatment target areas or customized plans, and may average anywhere between 30-40 minutes.
- The results of VOLNEWMER treatment can vary from patient to patient.
- The treatment results will be seen gradually over a period of up to 6 months.

I understand that the following are among the expected side effects, complications and contraindications of the VOLNEWMER procedure:

EXPECTED SIDE EFFECTS FROM VOLNEWMER TREATMENT

- Discomfort – Some people will feel some heat related discomfort (pain) with the treatment. This discomfort is usually temporary during the procedure and localized within the treatment area. It typically resolves within a week.
- Swelling – Swelling of the treated area typically resolves within a few hours.
- Redness – Redness typically resolves within a few hours, however, on rare occasions, it may last up to several weeks.

POSSIBLE RISKS OR COMPLICATIONS

- 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. The blisters usually disappear within 2-4 days. A scab may be present after a blister forms, but typically will disappear during the natural wound healing process of the skin. 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 with the virus.
- 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

- **VOLNEWMER** cannot be performed on patients who have an implantable pacemaker, an implantable cardioverter/defibrillator (ICD) or any other electronic implantable devices.
- **VOLNEWMER** cannot be performed on patients that are pregnant or are breastfeeding.
- **VOLNEWMER** cannot be performed on patients with a pathological abnormality or open wound at the treatment site.
- **VOLNEWMER** cannot be performed on patients with ongoing cancer or malignant disease(s).
- **VOLNEWMER** cannot be performed on patients who have been on vitamin A derivatives in the last 6 months.

CONSENT FOR VOLNEWMER TREATMENT

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 VOLNEWMER 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 VOLNEWMER treatment. All of the contraindications and precautions do not apply to me.

I understand that VOLNEWMER treatment is a non-invasive treatment. I also understand that it is not designed to produce the same results as an invasive surgical procedure.

PATIENT'S NAME :

PATIENT'S SIGNATURE :

DATE :

PRACTITIONER'S DECLARATION

I have fully explained to the patient the nature and purpose of the VOLNEWMER treatment and the potential risks associated with the treatment. I have asked the patient if he/she has any questions regarding this treatment or the risks associated with it, and have answered all questions to the best of my ability.

PRACTITIONER'S NAME :

PRACTITIONER'S SIGNATURE :

DATE :