

# CALISTA

## Skin & Laser Center

### Informed Consent for CO2RE Intima

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Treatment Site: \_\_\_\_\_

I understand that the CO2RE CO2 laser is a device used for remodeling of the tissue. It has been explained to me that although laser surgery for vaginal rejuvenation conditions has been very effective there is no guarantee that I will benefit from this treatment. I understand the most common side effects and complications from this treatment are the following:

1. Pain – You may experience pain during or after the procedure. If you feel significant discomfort after the treatment, you may use over the counter pain medications after the procedure.
2. Swelling – There may be swelling in the treatment areas after the treatment which can last up to one week in duration.
3. Bruising – You may experience temporary bruising in the treated area which will subside with healing.
4. Ecchymosis & Purpura: You may experience some temporary blistering/bullate in the treatment area which will subside with healing.
5. Blistering/Bullae – You may experience some temporary blistering/bullae in the treatment area which will subside with healing.
6. Burn – You may experience a burn which can be mild, moderate or severe to different degrees in the treatment area. Minor burns generally heal without difficulty but more severe burns, though rare, can lead to scarring, sensory or pigmentary changes.
7. Pigmentary changes: You may experience lightening of the skin which may be temporary or permanent (hypopigmentation). You may experience temporary or permanent darkening of the skin (hyperpigmentation).
8. Scarring: The risk of this complication is minimal but it can occur whenever the surface of the skin is disrupted. Strict adherence to all post-operative instructions will minimize the possibility of this occurring.
9. Allergic reaction: it is possible to experience an allergic reaction to an anesthetic, topical cream or oral medication.
10. Herpes Eruption: It is possible, even with antiviral prophylaxis, to experience a herpes eruption if you are a HSV carrier. Inform your doctor immediately if you experience pain, skin eruption or blistering post-treatment so that the proper treatment can be initiated.
11. Infection: This treatment has the potential to cause skin damage, so infection is possible. Infection is unlikely, but can be life-threatening if it does occur and is left untreated; signs and symptoms of infection are redness, fever, pain, puss and swelling. Should infection occur, you should contact your doctor for immediate evaluation and treatment.

It is important that you tell your doctor if you experience any of these side effects.

I understand that the clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken. I confirm that I have had an up to date normal PAP test and that I have communicated these results.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Co2re Intima**

# PATIENT INTAKE FORM

<b>Personal Information</b>			
Name		Home Phone	
Address		Mobile/Work	
City		State	
Zip Code		Date of Birth	
Fitzpatrick skin type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Gynecological History</b>	
Last PAP	(mm/dd/yy)
PAP results	Normal    Abnormal
History of abnormal PAP smears?	No    Yes    If so, nature of diagnosis, treatment, and follow-up:
Last menstrual cycle	(mm/dd/yy) OR menopausal
Indications for treatment	

<b>Medical History General</b>		
Past Medical Diagnosis		
Past Surgical History (Including gynecological)		
Medications		
Allergies		
HSV History    Y/N		

<b>Check if a condition, which may be a contraindication, is present:</b>	
	Vaginal or Pelvic are surgery within the last 12 months
	Implants or mesh in the treatment area
	History of genital herpes
	Uterine prolapse, cystocele or rectocele
	Urinary tract infection
	Pelvic infection
	Active malignancy or cancer treatment within the last five years
	Melanoma History
	Dysplastic nevi in the treatment area
	Pelvic lymph node dissection or poor lower lymphatic drainage
	Significant illness such as diabetes, cardiac disease, autoimmune disease
	History of epidermal or dermal disorders involving collagen or microvasculature
	Active electrical implant in any region of the body
	Pregnancy or nursing
	Diseases of the immune system such as HIV, AIDS or immunosuppressive med
	Diseases which may be stimulated by light at the wavelengths used
	Use of anticoagulants or history of bleeding disorders
	Any active condition in the treatment area, such as open lacerations, abrasions or lesions, psoriasis, eczema, or rashes
	History of skin disorders, keloids, abnormal wound healing
	Surgical procedure in the treatment area within the last three months
	Tattoo in the treatment area
	History of Accutane use in the previous 6 months
	History of oral corticosteroid use in the previous 6 months
	Excessively tanned skin in the treatment area from sun, sun-beds or tanning creams