



8201 Newman Ave #101 • Huntington Beach, CA 92647 • (855) MED- 1SPA

INFORMED CONSENT FORM POLLOGEN LEGEND

Personal Information

Name:	Address:
Date of birth:	Tel./cell:
Occupation:	Email:

Time and days you would find most convenient for treatment:

Health questionnaire:

Existing or recent illness Details:	Details:
Medication	Details:
Hospitalization/ surgery	Details:
Medication intolerance/Allergy/ Sensitivity/ G6PD (relevant if anesthetic is used)	Details:
Aesthetic procedures in the treatment area	
Routine medical surveillance Details:	

Do you have any of the following conditions?

(Please mark the relevant conditions, if any)

- Under 18 years of age

- Pacemaker or internal defibrillator, implanted neuro-stimulators or any other internal electric device. Do not use on patients who have had an implant in the past unless you are absolutely certain that the implant and all leads in their entirety have been removed / arrhythmias

- Metal implants or other implants in the treatment area.

- Pregnancy or nursing (when did you give birth)?

- Myomas/ Menorrhagia (massive bleeding)

- Current or history of cancer, especially skin cancer, or pre-malignant moles.
- Impaired immune system due to such as Hepatitis (B, C) AIDS and HIV, or use of
- Immunosuppressive medications.
- Hepatitis B, C
- Autoimmune diseases
- Severe concurrent conditions such as cardiac disorders, or metabolic disorders.
- Patients whose condition could be negatively affected by heat. Patients with a history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area, may be treated only following a prophylactic regime.
- Patients having diminished or exaggerated perception of temperature changes.
- Skin disorders like dermatitis or any active condition in the treatment area, such as sores, hemorrhages or risk of hemorrhages, septic conditions, psoriasis, eczema, rash, active acne and rosacea.
- Collagen disease such as keloid scarring, abnormal wound healing, as well as very dry and fragile skin.
- Bleeding disorders, coagulopathies, such as Hemophilia vascular disorders such as vasculitis, DVT or use of anticoagulants.
- Blood disorders such as anemia, porphyria
- Poorly controlled endocrine disorders such as diabetes, hyperthyroidism Hypothyroidism etc.’
- Central/ Peripheral nervous system disorders such as epilepsy, Bell’s palsy
- Lymphatic system disorders
- Eating disorders (such as Bulimia, Anorexia etc’)
- Psychiatric disorders
- Use of non-steroidal anti-inflammatory drugs (NSAIDS, e.g. ibuprofen containing agents) one week before and after each treatment session.
- Use of Isotretinoin (Accutane) within 6 months prior to treatment.
- Tattoo or permanent make up in the treated area
- Excessively tanned skin from sun, tanning beds or creams within the last two week prior to treatment.
- Any surgical, invasive, ablative procedure in the treatment area within three months prior to treatment or before complete healing. If patient shows signs of delayed healing response, at least six months should pass before treatment.
- Face lift, eyelid surgery, skin resurfacing, deep chemical peeling, liposuction on deep dermabrasion in the treatment area within three months prior to treatment or before complete healing.
- Injected chemical substance, threads, and synthetic fillers in the treated area.

- Fillers, collagen, fat injections or other injected bio-material in the treated area within three months prior to treatment and not before complete healing has occurred. Botox in the treated area within 2 weeks prior to treatment.
- Excessive allergic reactions such as difficulty breathing or swelling (hives), or taking medications, herbal preparations or having medical condition that might impair skin healing require pre testing on a small area, to assess the skin condition 1-2 days following the test patch.

I, the undersigned pledge to inform of all changes in my physical condition.

I agree to undergo the treatment, as detailed below in this document.

- VoluDerm treatment
- TriPollar treatment
- VoluDerm+TriPollar treatments.
- VoluDerm/TriPollar combined with other treatment: _____,
which I have a signed consent for.

I was explained and I understand the expected results, the chances of success and the course of the treatment that is required.

I confirm that I do not suffer from any of the above described conditions.

I have had the opportunity to consider the following information, ask questions and have had these answered satisfactorily

by _____ (Physician/ therapist/NP/PA).

The VoluDerm (VO) applicator is intended for dermatological procedures requiring resurfacing of the skin for texture improvement.

It treats the skin in a fractional manner, leaving areas of untreated skin between the affected zones, for improving the healing process. The VO technology uses a disposable sterile microneedle treatment tip, attached to the distal end of the VO applicator.

The Tip is placed on the skin for treatment.

The microneedles penetrate the skin using Radio Frequency (RF) energy, inducing controlled tissue heating.

During the treatment you might feel some pain, vibration, a stinging sensation and heat.

The TriPollar RF based applicators are indicated for the non-invasive treatment of mild to moderate facial wrinkles.

The system has a bio feedback control switch which may be held by the patient during treatment. In case of excessive discomfort, the patient may press the button to terminate the treatment automatically.

I understand that receiving the course of treatment is my choice

I was told that post VO treatment, tiny scabs in the form of the electrodes or micro needles matrix configuration will usually form within 24 hours to 3 days post treatment and last for a few days.

I was instructed to avoid scratching of the scabs and to apply sunscreen daily.

I was told about the possible side effects of those treatments including: local pain, excessive skin redness (erythema), excessive swelling (edema), damage to the natural skin texture (crust, blister, and burn), fragile skin, change of pigmentation (hyper-pigmentation or hypo-pigmentation), bruising, scarring or transient skin breakouts such as acne and pimples.

Although these effects are rare and expected to be temporary, any adverse reaction should be reported immediately.

I was told to avoid heat, exposure to sun and UV and to apply high SPF sun screen several times a day. I was told that in case of excessive swelling, redness or heat, you may apply a cold pack (Not ice) to the area and contact your treating physician or practitioner.

I confirm that I have read and understand the above information and agree to undergo the treatment out of my own free will.

Date Signature of the patient Name of the patient

Physician/ therapist/ NP/PA:

Date Signature Name

Permission for use of photographs (optional)

I _____ grant permission to SoCallazer & Medi-Spa and to Pollogen Ltd to use photos and digital images of my treated areas for the purposes of professional publications, training and education, marketing or sales.

Date Signature of the patient Name of the patient