



## Pre Treatment Instructions

For any treatment with our Viora Laser, it is imperative that all patients come well hydrated and with the treatment area cleaned and shaved. Avoid sun exposure and apply sunscreen daily and regularly. Tanning of all kinds (including spray tans) must be stopped four to six weeks before and after treatments. If you have a history of fever blisters or cold sores, notify your clinic immediately so that a prescription can be called in for your use.

For **Photofacial** Patients:

- Stop the use of any retinol products or exfoliants on the area to be treated. Accutane cannot be used within six months prior to the treatment.
- Anticipate a social "downtime" of two to five days before any redness, swelling, and sloughing of the treatment area has subsided.

For **Hair Reduction** Patients:

- The treatment area must be shaved. If the area is not properly prepped, the clinic will charge a \$50 shaving fee. If the hair was waxed or plucked, the treatment will not yield the best results and can cause damage to the treatment area.

## Post Treatment Instructions

Following your laser treatment, it is imperative that you follow these post-treatment instructions carefully.

Sensitivity to the treatment area is common. Sunscreen should be applied daily and regularly. Crusting and flaking is not uncommon when using **intense pulsed light**. You can use a cold compress for the first 24 hours to help soothe any discomfort. Your treatment area will be fragile. Use gentle cleansers and do not use hot water or strong exfoliating products during this time. If you are going to apply makeup, use clean brushes and materials to avoid bacteria from entering the treatment area. Avoid excessive heat or friction to the treated area, this includes the sun, hot showers, exercise, and tanning. Remember to stay well hydrated after your treatment.



### Laser Consult Questionnaire

1. Do you have a cardiac pacemaker, defibrillator, or any other implanted electrical, metal, or mechanical device?
2. Are you currently pregnant, expecting pregnancy, or in the process of IVF?
3. Do you have any hormonal disorders or endocrine disorders? This includes polycystic ovary syndrome and diabetes.
4. Do you have a history of cancer, active / recent malignant or premalignant moles (especially malignant melanoma or recurrent non-melanoma skin cancer, or precancerous lesions such as multiple dysplastic nevi), or any cancer drug therapy?
5. Do you tend to keloid scar or have impaired wound healing?
6. Any history of vitiligo or a tendency to hypopigmentation?
7. Have you had any use of oral isotretinoin (Accutne) within the last three to six months and fragile, sensitive and dry skin?
8. Have you had any use of photosensitive medications or herbs within two weeks prior to this treatment?
9. Have you received neurotoxin injections within the last five to seven days?
10. Have you received dermal filler injections in the last 14 days?
11. Have you taken any sulfa drugs or tetracyclines in the past three weeks?
12. Do you have an impaired immune system such as HIV or have any use of immunosuppressive medications?
13. Do you have any history of disease in the treatment area which may be stimulated by heat, such as Herpes?
14. Are there any tattoos or permanent makeup over the treatment area?
15. Have you used any blood thinning medications recently, whether prescribed or over-the-counter?
16. Do you have any prior aesthetic or medical surgery affecting the treatment area or before complete healing (either liposuction or subcision), about three months prior to the treatment?



## Viora Consent Form - IPL

I authorize specially trained personnel of Cloud 9 MedSpa to perform treatment using light based technology systems from Viora. If I suffer from herpes / cold sores, I agree to initiate preventive treatment with antiviral medications, though I am aware that preventive treatment does not ensure total prevention of Herpes appearance during the treatment

I hereby declare that I was informed in regards to the following:

The versatile treatments available with Viora's light based systems are based on a principle called selective photothermolysis. The light emitted and absorbed by targeted chromophores (light sensitive molecules) encourages a specific biological process to achieve the desired clinical result.

I have been advised in regards to possible risks and side effects of the treatment which may include slight pain, erythema, edema, color changes (hyper or hypo pigmentation), paradoxical unwanted hair growth and burns. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed and a physician consultation may be necessary.

I am aware that exposure to sun 3 - 4 weeks prior and after treatment are contraindicated to the treatment and may promote side effects. I was advised to use SPF > 30 in between treatments.

I was advised about the use of protective goggles and I agree to wear them throughout the duration of the treatment. My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment and agree to provide aftercare as directed by Cloud 9 MedSpa.

### PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photos and videos may be taken of me for educational and marketing purposes. I hold Cloud 9 MedSpa harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished production as well as advertising materials in conjunction with these photographs.

I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment. Additionally, I recognize that Cloud 9 MedSpa cannot be responsible for any damage as well as results that are not to my highest satisfaction. The clinic will be held free of any and all liability.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the provider and all my questions have been answered to my satisfaction.



## Viora Consent Form - V-FORM

I authorize Cloud 9 Medspa and other specially trained associate technicians of this facility, to perform treatments using the V-FORM handpiece. I am hereby undertaking the responsibility of the treatment outcome. I hereby commit to inform you about any change in my medical and health condition. I do not suffer from Herpes / I suffer from Herpes and I agree to initiate preventive treatment with antiviral medications, though I am aware that preventive treatment does not ensure total prevention of Herpes appearance during the treatment. I understand the procedure is purely elective and that studies indicate that results vary with each individual according to skin condition and physiological attributes as well as the medical condition of the client. I understand that a commitment to a series of treatments is required to achieve optimal results and I am aware that the treatment may be performed by different Viora's personnel. I consent that Viora's clinical department may discontinue the treatment course at any time without prior notice. I consent to photographs for the purpose of monitoring response to treatment and for use in medical education research of Viora and the local distributor as long as my anonymity is maintained and my privacy protected.

I hereby declare that I was informed in regards to the following:

The versatile treatments available with the V-FORM handpieces are based on RF technology, implemented in medical applications for over 3 decades. RF utilizes different frequencies flowing through the skin with the purpose of heating the dermis and hypodermis layers. The heat promotes the production of collagen fibers which are the main proteins in the skin responsible for skin elasticity and resilience thereby contributing to a healthier and flexible skin. In addition, RF induced heat increases stored fat breakdown. Although results can be seen after initial treatment it is necessary for the cumulative effect to adhere to a series of treatments as per the practitioner's discretion. I am aware that multiple treatments are necessary to achieve optimum results. The treatment is non-invasive. I have been advised of the expected results as well as the possible risks and side effects of the treatment which may include local pain, erythema, edema, itching and sensitivity to touch, urticaria, purpura or ecchymosis, hematoma, allergic contact dermatitis to the glycerin oil or acoustic contact gel, bruise, blister, burn, hyper-and hypo-pigmentation. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed and a physician consultation may be necessary. My questions regarding this procedure have been answered to my satisfaction. I accept all risks of treatment and agree to provide aftercare as directed by this facility.

### PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photos and videos may be taken of me for educational and marketing purposes. I hold Cloud 9 MedSpa harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished production as well as advertising materials in conjunction with these photographs.

I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment. Additionally, I recognize that Cloud 9 MedSpa cannot be responsible for any damage as well as results that are not to my highest satisfaction. The clinic will be held free of any and all liability.



I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the provider and all my questions have been answered to my satisfaction.



## Viora Consent Form - ST

I authorize Cloud 9 MedSpa and other specially trained associate technicians of this facility, to perform treatments using the ST Handpiece. I do not suffer from Herpes / I suffer from Herpes and I agree to initiate preventive treatment with antiviral medications, though I am aware that preventive treatment does not ensure total prevention of Herpes appearance during the treatment. I hereby declare that I was informed in regards to the following:

The versatile treatments available with the ST Handpiece are based on RF technology, implemented in medical applications for over 3 decades. RF utilizes different frequencies flowing through the skin with the purpose of heating the dermis and hypodermis layers. The heat promotes the production of collagen fibers which are the main proteins in the skin responsible for skin elasticity and resilience thereby contributing to healthier and flexible skin. In addition, RF induced heat increases stored fat breakdown. The treatment is noninvasive.

I have been advised of the expected results as well as the possible risks and side effects of the treatment which may include local pain, erythema, edema, itching and sensitivity to touch, urticaria, purpura or ecchymosis, hematoma, allergic contact dermatitis to the glycerin oil or acoustic contact gel, bruise, blister, burn, hyper-and hypo-pigmentation. All side effects are transient and mild, however in the event of adverse side effects the treating personnel must be informed and a physician consultation may be necessary.

### PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photos and videos may be taken of me for educational and marketing purposes. I hold Cloud 9 MedSpa harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished production as well as advertising materials in conjunction with these photographs.

I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment. Additionally, I recognize that Cloud 9 MedSpa cannot be responsible for any damage as well as results that are not to my highest satisfaction. The clinic will be held free of any and all liability.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the provider and all my questions have been answered to my satisfaction.



## Viora Consent Form - FR

I authorize Cloud 9 MedSpa and other specially trained associate technicians of this facility, to perform treatments using the Fractional Radiofrequency Handpiece. I do not suffer from Herpes / I suffer from Herpes and I agree to initiate preventive treatment with antiviral medications, though I am aware that preventive treatment does not ensure total prevention of Herpes appearance during the treatment. I hereby declare that I was informed in regards to the following:

The versatile treatments available with this handpiece are based on RF technology. The heat promotes the production of collagen fibers which are the main proteins in the skin responsible for skin elasticity and resilience thereby contributing to healthier and flexible skin. In addition, RF induced heat increases stored fat breakdown. The treatment is noninvasive.

The following criteria are contraindications and will exclude you from eligibility for this treatment:

- Breastfeeding within the last three months
- Treatment area is covered by a tattoo or permanent makeup.
- Any permanent implant in the designated treatment area, including but not limited to: silicone or injected chemical material, metal plates, or other metal material.
- Any implanted electronic device anywhere in the body such as a cardiac pacemaker, defibrillator, or cochlear implant.
- Blood coagulopathy or excessive bleeding or bruising or use of blood thinning medications (known as anticoagulants) whether prescribed or over-the-counter.
- Active skin disease in the treatment area such as psoriasis, sores, eczema, and any type of rash.
- Tendency to skin disorders such as keloids and impaired wound healing process, and extremely dry and fragile skin.
- Skin cancer (active or in the past), pre-malignant moles, malignancy (active or recent) or history of any kind of cancer.
- Immunosuppressive diseases (such as HIV Positive) or the use of immunosuppressive medications.
- Endocrine disorder such as diabetes and thyroid disease.
- Any use of Nonsteroidal Anti-Inflammatory Drugs such as NSAIDS (Including Nurofen, Advil, Motrin) seven days prior and after the treatment.
- Superficial Chemical Peel in the past two weeks.
- Extremely tanned skin (including tanning beds or tanning creams) within the past two weeks.
- Facial controlled abrasion such as dermabrasion, facial resurfacing, or chemical peeling within the past three months.
- Deep chemical peel or laser peel in the past six months.
- Surgical procedure in the treatment area within the past six months or you are within the healing process.
- Use of Accutane or retinol within the past six months.
- Natural fillers such as hyaluronic acid in the treatment area within the past six months.
- Augmentation techniques with injected bio-materials such as neurotoxin, collagen protein, or fat) within the past six months.
- Plastic surgery such as face lifting or eyelid surgery within the past twelve months.



By signing this consent form, you duly authorized Cloud 9 MedSpa, PLLC and other specially trained associate technicians of this facility to perform the Fractional Radio-frequency technology. Furthermore, you do declare that you were informed in regards to the following:

"You have been advised of the expected results as well as the possible risks and side effects of the treatment which may include local pain, erythema, edema, itching and sensitivity to touch, urticaria, purpura or ecchymosis, hematoma, allergic contact dermatitis to the acoustic contact gel, blister, burn, hyper- and hypo-pigmentation. In addition, for FR applications, possible risks and side effects of the treatment may include the following: post treatment mild or strong pain, in-grown hairs, and skin infection. While using high radio frequency settings, one of the common side effects is transient post-inflammatory hyperpigmentation. All side effects are transient and mild, however in the event of adverse side effects, the treating professional must be informed and a physician consultation may be necessary.

#### PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photos and videos may be taken of me for educational and marketing purposes. I hold Cloud 9 MedSpa harmless for any liability resulting from this production. I waive my rights to any royalties, fees, and to inspect the finished production as well as advertising materials in conjunction with these photographs.

I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment. Additionally, I recognize that Cloud 9 MedSpa cannot be responsible for any damage as well as results that are not to my highest satisfaction. The clinic will be held free of any and all liability.

I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the provider and all my questions have been answered to my satisfaction.