

## Laser Vaginal Rejuvenation Post Care

### **AFTER CARE:**

- Refrain from intercourse, tampon use, exercise, heavy lifting, or straining during the first 24 hours.
- You may shower or bathe after these procedures.

### **WHAT TO EXPECT:**

- There should be little to no discomfort after these procedures,
- You may experience urinary symptoms of urgency or difficulty with urination, which is temporary.
- Spotting may occur.
- There may be watery or grey discharge for 1- 2 days.
- You should expect to see results in 3 weeks to 3 months; multiple treatments may be required.

### **WHEN TO CALL:**

- If you have increased swelling, bruising or bleeding.
- If you have any yellowish or greenish drainage, or notice a foul odor, or have reactivation of HSV.
- If you have pain that is difficult to control with Tylenol.

## **Vaginal Rejuvenation Laser Treatment**

I agree to a vaginal laser treatment by Jacqueline Fournier, PA-C,/Phoebe Pelkey, PA-C using the Fraxis Duo CO2 laser. I understand and have been explained the following as part of this procedure or procedures:

As part of the laser treatment, the vaginal walls will absorb energy, causing localized damage to the soft tissue in that area. This results in the soft tissue producing new collagen. As this collagen reproduces, vaginal health is promoted through mucosal and vascular rejuvenation. I realize this procedure typically requires from 1-3 treatments for the best results.

The nature and effects of the procedure, the results, as well as alternative methods of treatment have been fully explained to me by the medical personnel.

I understand and agree that no guarantees of any results have been promised by anyone related to my procedure.

I agree to wear the provided protective eyewear during the procedure, and to follow all instructions during my treatment, as well as aftercare. I understand that I should refrain from strenuous exercise and sexual activity for at least two days following treatment. I also agree not to apply any topical ointment in the vaginal area unless specifically prescribed or advised by my provider.

I understand that I will not be sedated or under anesthesia during my treatment. The following is a list of contraindications for vaginal laser therapy, meaning that if these situations exist or apply to me, I should not receive vaginal laser therapy:

### CONTRAINDICATIONS

1. Vaginal, cervical or other lesions in the treatment area that have not been evaluated and diagnosed
2. Active vaginal or vulvar infection (herpes, STDs, etc)
3. Pregnancy or within 3 months postpartum
4. Prolapse
5. History of radiation to vaginal/colo-rectal tissue
6. History of reconstructive pelvic surgery with "mesh kits"
7. History of impaired wound healing
8. History of keloid formation

I agree that none of these contraindications apply to me.

I understand that there is a 24 hour cancellation policy. I understand \$500 will be charged if I fail to show or not cancel my appointment with 24 hours notice.

By providing my electronic signature, I acknowledge that I have fully read and understood the above information. My questions have been answered satisfactorily. I accept the risks and potential complications of this procedure and hereby give my informed consent to this and all subsequent vaginal rejuvenation treatments. I hereby release Dr. Schwartz, the provider performing the procedure and Dorset Street Dermatology from any liability associated with this procedure.



## **Cosmetic Payment Policy**

Thank you for choosing Dorset Street Dermatology as your Medical Spa. We are committed to providing you with the highest quality medical and cosmetic care, in an efficient, timely and cost-effective manner. Please take a moment to review our financial policy so that you understand your responsibility regarding the charges for the services rendered to you by this office.

**Payment is required at the time of service:** We accept cash, checks, Visa, MasterCard, Discover and American Express.

**Credit Card on File:** All patients are required to keep a credit card on file and signed authorization to charge the card for patient balances. Please present the credit card to put on file when you check in. If the credit card is denied for any reason, we reserve the right to charge an additional \$25 administrative fee if we are not able to run a new credit card within 7 days. You will be contacted via phone asking for the new credit card information.

**No Shows and Late Cancellations:** We require advance notice of 48 hours if you must cancel/reschedule your appointment. If appropriate notice is not given you will be charged at least a \$50 fee directly to the credit card on file. The fee varies based on the type of procedure:

- Appointment with an Aesthetician - \$50 fee
- Botox/Dysport/Xeomin - \$50 fee
- Sclerotherapy - \$200 fee
- Injectable Procedure - \$250 fee for late cancellations, \$500 fee if no notification is given (no-show)
- Sculptra - \$325 per vial deposit required at time of scheduling. Deposit is nonrefundable if cancelled with less than 3 business days' notice.
- Fraxis CO2 Laser Procedure - \$500

I have read the above policies and accept the terms as outlined above. I give Dorset Street Dermatology permission to charge my credit card on file for no shows or late cancellations as outlined above.

**Patient or Responsible Party Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_