

## PATIENT INFORMED CONSENT FORM

For Secret RF Treatment, and Pro-Nox

I hereby authorize Dr. Cynthia Strohmeyer or her staff, under Dr. Strohmeyer's supervision, to perform the Secret RF treatment. The Secret RF device creates hundreds of tiny burn holes in the skin while leaving most of the surface untouched. This allows the skin surrounding the holes to grow over rapidly resulting in a reduced healing time. Secret RF can be used to improve your skin quality by reducing sun damage, redness, fine lines and wrinkles, and acne scars. It may take multiple treatments to obtain optimal results, and it is possible that the results will be minimal or not help at all. The results may be temporary or permanent and there is no way to predict how long the results will last. Although these devices are effective in most cases, no guarantees can be made.

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT/PAIN** – Some discomfort and/ or pain may be experienced during treatment. A topical anesthetic will be applied to your skin before treatment. Other forms of anesthesia, or pain management, may also be used.
- **SWELLING** – Swelling (edema) of the treated area is common and may occur. This usually resolves in a few days.
- **REDNESS** – Redness (erythema) of the treated area is common and may occur. Make-up can usually be applied after 1 to 2 days and the erythema normally resolves in about 1-2 weeks.
- **SKIN COLOR CHANGES** – During the healing process, there is a possibility that the treated area may become either lighter (hypopigmentation) or darker (hyperpigmentation) in color compared to the surrounding skin. This is usually temporary, but, on a rare occasion, it may be permanent. You should avoid sun exposure after the treatment and use sunblock.
- **MILIA/ACNE** – Ointments that occlude hair follicles, sweat ducts, or sebaceous ducts may lead to milia/acne formation. This is more common in patients with a history of cystic acne or oily skin.
- **WOUNDS** – Treatment can result in burning, blistering, or bleeding of the treated areas. It is important that you not pick or scratch the sites as this may lead to permanent scars or promote an infection. If any of these occur, please call our office.
- **INFECTION** – Infection is a possibility whenever the skin surface is disrupted which can lead to scarring. Proper wound care and keeping the treated area clean are important. If signs of infection develop, such as pain, heat, blisters, or surrounding redness, please call our office 239-261-2255.
- **CONTACT/ALLERGIC DERMATITIS OR SKIN SENSITIVITY** – Potential increased sensitivity, irritation/itching or allergic reaction of the skin due to skin surface disruption.
- **SCARRING** – Scarring is a rare occurrence, but it is a possibility if the skin surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post-treatment instructions provided by your healthcare staff.
- **TREATMENT PATTERN** – A persistent spot size pattern may be apparent on the treated skin and usually resolves with time. In rare cases, it may be permanent.
- **PETECHIAE** – May appear for several weeks after healing and clear without treatment.
- **DILATED PORES** – Collagen contraction that occurs as part of the resurfacing process may also contract the skin between the pores, which widens the existing pores. This occurrence, though rare, is permanent.
- **SUN EXPOSURE / TANNING BEDS / ARTIFICIAL TANNING** – May increase risk of side effects and adverse events.
- **ALLERGY** – There is a risk of an allergic reaction to the numbing cream.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatments
- Reasonably anticipated health consequences if the procedure is not performed
- Possible complications/risks involved with the proposed procedure and subsequent healing period

For women of childbearing age: By signing below I confirm that I am not pregnant and do not intend to become pregnant anytime during the course of treatment. Furthermore, I agree to keep Dr. Cynthia Strohmeyer and staff informed should I become pregnant during the course of treatment.

## **CONSENT Form & Contraindications for Administration of Nitrous Oxide for Pain & Anxiety with the PRO-NOX system during Aesthetic Procedures**

I hereby authorize Dr. Cynthia Strohmeyer and staff to provide me with Nitrous Oxide through the PRO-NOX system for the purpose of pain and anxiety control during my procedure.

PRO-NOX is a self-administered (under the supervision of medically trained staff), quick onset, fixed 50% nitrous oxide and 50% oxygen pain management system with short duration of effect. It is generally metabolized and “out of your system” (you are back to normal) within minutes of discontinuing, and therefore you are able to regain complete mental and physical function quickly and drive home. The risks and benefits of inhaled nitrous oxide for pain and anxiety control have been explained to me as have alternative forms of pain control options. Although no severe complications have been reported with this device and type of analgesia, the risks could include headache, euphoria, decreased mental and physical awareness and control, device malfunction and potential overdose, failure of effect, and other unforeseen problems. We have seldom seen any of these problems but are required to disclose them.

I understand that some possible side effects of nitrous oxide include: dizziness, nausea, light-headedness, and unsteadiness. I understand that I should wait 10 minutes after the last use of nitrous oxide before driving a car or operating any type of machinery.

I understand that using nitrous oxide may make me unsteady, and therefore I will wait for assistance getting up from the procedure table.

I agree to hold the mouthpiece and inhale the nitrous oxide/oxygen gas mix without assistance from others and only as needed through the procedure to maintain my comfort level.

I understand that nitrous oxide has been safely used throughout the world for pain and anxiety management for many decades, and continues to be used worldwide today. I also understand that the risks for nitrous oxide use are the same risks that exist for virtually all other pain-relieving medications that I may choose to use during my procedure.

I understand that there are several contraindications for use of Nitrous Oxide through the PRO-NOX system. They are listed below.

### **CONTRAINDICATIONS**

- Pregnancy
- Hypersensitivity to nitrous oxide mixtures
- Artificial, traumatic or spontaneous pneumothorax
- Air embolism
- Middle ear occlusion, ear infection
- Eye Surgery with intra-ocular gas injection within the last 6 weeks
- Decompression sickness
- Severe abdominal distension secondary to intra-abdominal air / intestinal obstruction
- Inability of patient to follow directions
- Inability of patient to hold own delivery device (mouthpiece or mask)

I acknowledge that I do not have any of these conditions and consent to the use of Pro-Nox for my procedure today and in the future.

**ACKNOWLEDGMENT & INFORMED CONSENT  
SIGNATURE PAGE**

**BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR THE SECRET RF TREATMENT, AND PRO-NOX ADMINISTRATION. I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY MY HEALTHCARE TEAM.**

\_\_\_\_\_  
Signature-Patient

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*\*Photographic documentation will be taken. I hereby  do  do not authorize the use of my photographs for teaching purposes.

**Cancellation Policy for Secret RF:**

Due to time and preparation needed for this procedure, we have implemented a 48-hour cancellation policy. You will be charged a cancellation fee if you cancel, reschedule or do not show for your appointment without giving a minimum of 48 hours prior to the start of your appointment. The fee will be one-half of the cost of a single treatment. Thank you; we appreciate your kind understanding.

Please initial \_\_\_\_\_

Date \_\_\_\_\_