



A&WMC  
VOTIVA TREATMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fitzpatrick Skin Type: I II III IV V VI

Last prolonged exposure to UV(Sun or tanning bed): \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Gynecological History**

Last PAP (normal/abnormal)?: \_\_\_\_\_

If abnormal, specify and any treatment (Colpo, LEEP): \_\_\_\_\_

Last menstrual period?: \_\_\_\_\_

**Medical History**

Use of Pacemaker/Defibrillator?: Yes( ) | No( )

Any diseases stimulated by heat?(ex: Herpes, Simplex): Yes( ) | No( ) | If yes, specify: \_\_\_\_\_

Any skin disorders?: Yes( ) | No( ) | If yes, specify: \_\_\_\_\_

Surgical procedures: \_\_\_\_\_

List of medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Detail any other medical condition: \_\_\_\_\_



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**VOTIVA CONSENT FOR PROCEDURE**

I give my informed and voluntary consent and I authorize Dr. Angelica Hernandez and staff of Adolescents & Women Medical Care to administer the treatment with Votiva.

I understand Votiva is used for the remodeling of the mucosa in the vagina, vulva and the external skin of the labia majora and minora. I understand there is a possibility of short-term effects such as pain, discomfort, reddening, or swelling.

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 confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

Smokers have less positive response to this treatment than non-smokers, since the toxins in cigarette smoke block the response of the stem cells. There may be some variation in achieving the results requested as everyone's body type is different and may have a different response.

I fully agree to hold Adolescent & Women Medical Care, Dr. Angelica Hernandez and any and all parties affiliated with her, harmless and free from any liability that may arise as a result of this treatment both now and in the future. I certify that I have been given the opportunity to ask questions and that I have read and fully understand the content of this consent form.

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

Signature: \_\_\_\_\_

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



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### **PRE-TREATMENT**

- Hair should be shaved in the treatment area 1-2 days prior to the procedure. If you wax or use chemicals, do it 1-2 weeks before the treatment.
- Urinate immediately prior to treatment.
- Avoid taken Aspirin because increase the possibility of bruising.
- If any recent outbreak of herpes, patients should take Valtrex or Acyclovir prophylactically.
- If any procedure done, like Femilift, should wait 1 week to do the Votiva.

### **POST-TREATMENT**

- You can have intercourse after 24 hours.
- Urinate after the procedure.
- In case of vaginal discharge, usually clear or yellowish is normal, a panty liner may be worn