

# Informed Consent of the Patient with Treatment using JETT PLASMA For Her II

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Name and surname: \_\_\_\_\_

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

Planned treatment: \_\_\_\_\_

## **Information about treatment**

JETT PLASMA For Her II is a medical device designed to treat vulvovaginal laxity. Based on the physical principle of DC, it generates heat that has a positive effect on the trophic of the tissues, it strengthens and improves flexibility.

The device may be used by a physician only, to treat the following diseases:

- Vulvovaginal laxity

The doctor is obliged to inform the patient about the postoperative treatment and familiarize the patient with the process of healing.

The Client hereby confirms that does not suffer from any of the following contraindications:

- pacemaker, Holter ECG monitoring system,
- another implanted electrical device,
- epilepsy,
- pregnancy,
- metal implants in the treated area (including intrauterine device)
- skin diseases or inflammations in the treatment area,
- urinary tract infection,
- collagen vascular disease,
- oncological disease in vulvovaginal region,
- menstruation,
- any untreated/badly treated disease in vulvovaginal region,
- birth defects of vagina,
- stenosis and strictures of vagina,
- synechia of vulva,
- virgin women

The treatment is not limited to a certain period of the cycle, except for menstruation, when the treatment can not be performed.

For the evaluation of contraindications, a gynecological examination not older than 1 year, including cytology, is necessary.

**WARNING: The person to be treated may not wear any metal things (watches, bracelets ...)!**

## **Informed Consent of the Patient with Treatment using JETT PLASMA For Her II**

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Like all treatments, this medical device can have side effects, but may not occur with everyone.

The following side effects may occur when using medical device JETT PLASMA For Her II:

- temporary vaginal tingling and/or numbness,
- temporary painful cramps and cutaneous depressions,
- increased urinary tract problems,
- pain, erythema and edema,
- itching in the treatment area,
- burn, scarring, bruising and ecchymosis,
- dyspigmentation, hyperpigmentation,

### **Additional patient's questions and answers:**

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### **Patient Declaration:**

I, the undersigned, hereby certify by my signature that I have been informed thoroughly about treatment with the JETT PLASMA For Her II device during the consultation which took place in/on .....

I understand the information concerning the treatment. I also confirm by my signature **that I do not have any of the contraindications as above, and I am aware fully that release of false information may result in the risk of my possible health problems.**

On the basis of the submitted information, considered complete and sufficient for my decision and upon a thorough and careful consideration, I agree fully and unreservedly with realization of the treatment.

In ....., on .....

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*Signature of the patient*

.....  
*Signature of the informing person*

