



MonaLisa Touch™ Pre-Internal Treatment Evaluation

Date: _____ Patient's name: _____

Patient's DOB: _____ Pre-Treatment 1 2 3 4 5 _____

Follow up visit _____ months after last treatment

Weight _____ lbs	Height _____	First day of last period: _____ <input type="checkbox"/> N/A
Medication history taken	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
GYN / Pelvic exam performed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Vaginal calibration performed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Max dilator size for patient's comfort
POP-Q evaluation performed	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Aa _____ Ba _____ C _____ D _____ Bp _____ Ap _____ GH _____ PB _____ TVL _____		
Stage of Prolapse: Stage 0 <input type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input type="checkbox"/> Stage 4 <input type="checkbox"/>		
At what age patient begin to experience symptoms? _____ (years)		
Vaginal pH: _____		

Vaginal Health Index (VHI) Indicate which best describes condition					
Overall Elasticity	Fluid Secretion Type and Consistency	Epithelial Mucosa	Moisture	VHI	Check one
None	None	Petechiae noted before contact	None, mucosa inflamed	1	<input type="checkbox"/>
Poor	Scant thin yellow	Bleeds with light contact	None, mucosa not inflamed	2	<input type="checkbox"/>
Fair	Superficial, thin white	Bleeds with scraping	Minimal	3	<input type="checkbox"/>
Good	Moderate, thin white	Not friable, thin mucosa	Moderate	4	<input type="checkbox"/>
Excellent	Normal (white flocculent)	Not friable, normal mucosa	Normal	5	<input type="checkbox"/>



MonaLisa Touch™ Internal Treatment Patient Questionnaire







Date: _____

Patient's name: _____

Patient's DOB: _____

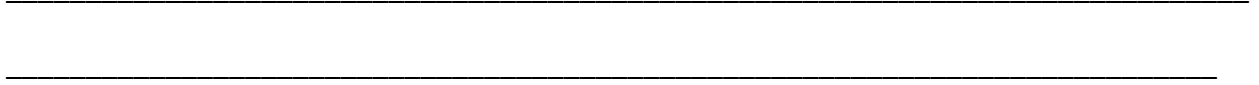
Pre-Treatment 1 2 3 4 5 6__

Follow up visit: ____ months after last treatment

Please indicate the level of discomfort you are experiencing for each category below (rate 0-10)					
0	2	4	6	8	10
Very happy, no hurt	Hurts just a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts as much as you can imagine
					
Pain (0-10) ____			Vaginal burning (0-10) ____		
Vaginal itching (0-10) ____			Vaginal dryness (0-10) ____		
Painful sexual intercourse (Dyspareunia) (0-10) ____			Painful urination (Dysuria) (0-10) ____		

Comments: _____





MonaLisa Touch™ External Treatment Patient Questionnaire







Date: _____

Patient's name: _____

Patient's DOB: _____

Pre-Treatment 1 2 3 4 5 6__

Follow up visit: ____ months after last treatment

Please indicate the level of discomfort you are experiencing for each category below (rate 0-10)					
0	2	4	6	8	10
Very happy, no hurt	Hurts just a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts as much as you can imagine
					

Vulvar Pain (0-10) ____	Vulvar burning (0-10) ____
Vulvar itching (0-10) ____	Vulvar dryness (0-10) ____
Painful sexual intercourse (Dyspareunia) (0-10) ____	Painful urination (Dysuria) (0-10) ____

Comments: _____



MonaLisa Touch™ Treatment Record

Patient's name: _____

Date: _____

Patient's DOB: _____

Pre-treatment Record

- Consent form signed
- Patient placed in lithotomy position
- Wet towels draped around the pelvis and thighs No
- Topical anesthetic/time applied _____ N/A
- Protective eyewear
- Topical anesthetic removed (wiped off) N/A

Diagnosis: Symptoms of Genitourinary Syndrome of Menopause

Other _____

Procedure: Vaginal CO₂ Laser Vulvar CO₂ Laser

MonaLisa Touch Laser settings confirmed

Power (W): _____

Smart Stack: _____

Dwell Time (µs): _____

Scan Mode: _____

Spacing (µm): _____

Emission Mode: _____

Procedure note: _____

Post-treatment Record

- Stable condition
- Post-treatment instruction given

Complications: _____

Medications: _____

Form completed by: _____



MonaLisa Touch™ Treatment Flow Sheet

Procedure: Vaginal CO₂ Laser Vulvar CO₂ Laser

Patient name: _____ DOB: _____

Treatment # _____	Date: _____	
Power (W): _____	Dwell time (µs): _____	Spacing (µm): _____
Shape: _____	Smart Stack: _____	Density %: _____
Size %: _____	Scan Mode: _____	Fluence J/cm ² : _____
Ratio: _____	Exposure Mode: _____	Pulse Energy mJ: _____
	Emission Mode: _____	
Completed _____		

Treatment # _____	Date: _____	
Power (W): _____	Dwell time (µs): _____	Spacing (µm): _____
Shape: _____	Smart Stack: _____	Density %: _____
Size %: _____	Scan Mode: _____	Fluence J/cm ² : _____
Ratio: _____	Exposure Mode: _____	Pulse Energy mJ: _____
	Emission Mode: _____	
Completed by: _____		

Treatment # _____	Date: _____	
Power (W): _____	Dwell time (µs): _____	Spacing (µm): _____
Shape: _____	Smart Stack: _____	Density %: _____
Size %: _____	Scan Mode: _____	Fluence J/cm ² : _____
Ratio: _____	Exposure Mode: _____	Pulse Energy mJ: _____



Completed by: _____

Emission Mode: _____

MonaLisa Touch™ Pre- and Post-Internal Treatment Form

It is important to follow your treatment provider's instructions before and after treatment.

Pre-Treatment Recommendations: Patient

- Shower or bathe the morning of treatment, so that the area to be treated is clean.
- Clip or trim long pubic hair as advised by your clinician
- Understand and sign a Consent to Treat form

Post-Treatment Instructions

- Schedule follow up visits as recommended by your treatment provider.
- Refrain from vaginal sexual activity for 48 hours after treatment.
- Most patients resume normal activity as tolerated immediately after procedure.

Other instructions:

If you have any questions about these instructions or the procedure, please contact your physician.



Patient Signature _____

Date _____



MonaLisa Touch™ Pre-External Treatment Instructions

It is important to follow your treatment provider's instructions before and after treatment.

Pre-Treatment Recommendations: Patient

- Shower or bathe the morning of treatment, so that the area to be treated is clean.
- Understand and sign a Consent to Treat form
- Shave the vulvar area before your treatment
- Dress in loose fitting pants and cotton underwear on the day of treatment
- Your care provider may apply topical anesthetic to the vulvar area prior to treatment to minimize treatment discomfort
- Purchase supplies and medications needed for post-treatment care before treatment date.
- Patient Supplies Needed
 - Moisturizing occlusive ointment, such as Aquaphor® Healing Ointment or Vaseline® ointment.
 - Gentle, hypoallergenic skin cleanser
 - Cold gel packs
 - Patient prescriptions as directed by physician: antiviral and/or others



MonaLisa Touch™ Post-External Treatment Instructions

It is important to follow your treatment provider's instructions before and after treatment.

Post-Treatment Instructions

- Schedule follow up visits as recommended by your treatment provider.
- Refrain from vaginal sexual activity for 7 days after treatment.

Patient Post Treatment Instructions

- Keep area moist by applying occlusive ointment to the treated area
- Wait 1 day before taking a shower or bath (avoid using hot water on the treated area until healing is complete).

2 Hours post treatment

- Skin may feel sensitive and may be red and swollen and treated area may be itchy
- Use cold compresses or cold gel packs (20 minutes on; then 20 minutes off) as needed for swelling and discomfort
- Gently cleanse the area 2-3 times a day with sterile saline or a mild, hypoallergenic cleanser
- Reapply occlusive ointment after each wash and continue to use until skin is healed.
- Avoid lifting heavy weights or doing intense physical exercise for 3-4 days following the treatment.
- Refrain from sexual intercourse for a week after the treatment.
- Wear loose, cotton underwear
- Avoid wearing panty hose and tight-fitting pants.

Other instructions:

If you have any questions about these instructions or the procedure, please contact your physician.

Glow
Anti-Aging Center
and Medical Spa