Integrated Body Contouring

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Informed Consent for Laser Body Contouring

A). **Program background:** You have requested to be treated with the Laser body Contouring performed at Integrated Body Contouring. This treatment is an application of a 650 nm – 660 nm low intensity laser, which has been shown through extensive research to cause the triglycerides within the fat cell to break down into free fatty acids and glycerol and release them through channels in the fat cell. The fatty acids and glycerol are then transported around the body by the lymphatic system, to tissues that will use them during metabolism to create energy. Any cosmetic procedure carries risk, complications and varied results as to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its risks in advance so that you can make an informed decision whether to go forward with this procedure. Non-invasive low level laser therapy has been approved by the FDA.

B). **Procedure:** You will consult with the technician to determine if you are a candidate for low level laser therapy. During this time, you will have the opportunity to ask questions or voice concerns you may have concerning this treatment. There are a few preliminary steps to treatment consisting of paperwork and measurements of the treatment site. You will be required to expose the treatment area and relax in a reclining massage chair for treatment. If this is not comfortable, you have the option to lie down for treatment on a standard massage table. Several laser paddles will be placed on the desired area of treatment. An additional 2 paddles with be placed on lymphatic system locations.

Studies have shown that the most effective course of treatment is between 10 to 16 treatments depending on body contour and desired effects. The treatment should be used in conjunction with a healthy diet and regular exercise. Please consult with your primary care physician to determine if exercise is healthy for you.

C). **Risks / Discomfort:** There are few risks associated with low level laser therapy. This treatment is non-invasive and uses cold laser output. There is risk associated with the laser being directly pointed at the eyes. We require our patients to wear specific safety glasses during the treatment to minimize this risk.

During treatment there should be no discomfort, the area being treated may feel slightly warm. If you feel any sensation other than a warming sensation in the treated area, you are to immediately notify the staff. You will not feel the lasers however the light will be visible. It is required that protective glasses are worn during treatment whenever the laser is on. There may be unknown risks of low level laser treatment.

D). **Benefits:** The benefit of this treatment is body contouring without surgery. Problem areas of excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, thighs, and flanks. Clinic trials averaged a 4.5 inch loss from their stomach, hips, and thighs. Results do vary. There is no guarantee implied nor is it suggested that the desired result will be achieved.

E). **Alternatives:** This is strictly voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments are available some of which include: liposuction, dieting, exercise, and potentially others. These do carry their own risks. You also have the option to do nothing.

F). **Questions:** By signing below you certify that this procedure has been explained to you and to your satisfaction. You may ask questions at any time prior to, during, or after treatment.

G). **Acknowledgement of Health Conditions:** I acknowledge that I do not have any of the following medical conditions and that if my medical history changes, I will notify Integrated Body Contouring prior to any additional treatment. • Pregnancy • Any current form of cancer • Pacemaker or Defibrillator • Hepatitis, Alcohol Liver Disease, Cirrhosis, fatty liver disease • History of Heart Attack • Untreated Hypertension • Lymph edema • Active Autoimmune disorders • IDDM • Open wounds and skin irritation

You have been notified that if any of the following apply, you many have not the optimal effect: • Type 2 Diabetes • Epilepsy • Tattoos • Very dark skin • Thyroid disorders that are untreated • Metallic or other implants

H). **CONSENT:** I duly authorize the technicians of Integrated Body Contouring to perform the Laser body contouring procedure for the purpose of fat spot reduction and skin tightening. I am aware that clinical results may vary depending on individual factors, including medical history, patient compliance with pre/post treatment instructions, and individual response to treatment. I have been made aware that my diet and the amount of exercise I do, will have a major effect on the results of my treatments. If I do not make an effort to address my dietary and exercise, I am aware that any results I do achieve may not be retained. I understand that treatment by the Laser contouring machine involves a course of treatments. The fee structure has been fully explained and I understand that should I choose to complete a full course of treatment I am required to pay for the course of treatments, prior to any procedures taking place. I am fully aware that should I wish to cancel the course, the outstanding treatment value is non-refundable.

Name:_____ I understand that it is my personal responsibility to inform the clinician of any changes to my medical history during the course of Laser contouring treatment sessions and I confirm that should this occur I shall advise the clinician of any changes.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education, marketing and promotion. I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form. _____initial

Client Signature:_____ Date: __/__/_____

Witness:_____