

Cosmetic Solutions Med Spa

VELASHAPE INFORMED CONSENT

Reason/Benefits: For body contouring/shaping, melting localized fat, and cellulite reduction.

Risks, side effects, and complications: pain, bruising, discoloration, infection, burn, scar, and ineffective treatment. To prevent injury, the treatment setting will be set at a lower and safer setting, if your skin is dark or if you are tanned. This will likely decrease the efficacy of the treatment. As such, it is important to avoid sun exposure and to wear sun block every day to reduce risk of complications. If you are tanned or have excessive sun exposure, please reschedule your appointment at least 6-8 weeks later for a safe and comfortable treatment. Also, avoid caffeinated products or NSAIDs to minimize risk of bruising. Do not stop NSAIDs if it is prescribed to you by your doctor for medical reasons.

Alternative: Exercises, diet, and lifestyle changes. Thermage, liposuction (Smart Lipo/Vaser Lipo), fat dissolving injections, body wrap, and others procedures.

Frequency and duration: For optimal treatment, you will need at least 2-3 sets of 6-8 treatments with each set done. Each treatment is done on a weekly interval. With each treatment you can expect some degree of skin tightness and circumferential reduction of the treated area. You can expect some degree of size reduction/body shaping, skin tightness, and cellulite reduction.

Treatment: a hand piece with a combination of laser, radiofrequency, suction, and rolling will be applied to the skin of the treatment area and with each pulses, you will feel a "hot sensation." Please let the doctor/operator know if you are feeling pain instead of tolerable discomfort. Treatment oil will be applied to your skin before treatment.

Duration of treatment: 20 minutes for each treatment area. Multiple treatment areas will take longer time.

I understand that clinical results may vary depending on individual factors, including medical history, skin type, patient compliance with pre/post treatment instructions, and individual response to treatment.

Post treatment precautions: Avoid sun exposure, tanning booths, spray tan, and wear sun screen on a daily basis. Apply ice, aloe vera, and topical OTC cortisone if you feel heat or swelling in the treated area. Reschedule if you are tanned either from sun/tanning booths or sprayed tan or had sun exposure.

Post treatment expectation: For the first few days, there might be some redness or swelling over the treated area. If bruising occurs it will generally resolved within a couple of weeks. You will feel some degree of tightness and smoothness after each treatment. Please call our office at 859-554-0519 if you need advice.

Patient Initials_____

_____ (patient initials) I understand that the VelaShape is a device used for improving the appearance of cellulite and reducing circumferences in the treatment areas and that this is a purely cosmetic procedure and that no guarantees have been given.

_____ (patient initials) I understand there is a possibility of short-term, temporary discoloration of the skin, pain, tenderness, bruising, redness or swelling, as well as rare side effects such as scarring and permanent discoloration.

_____ (patient initials) I understand that I may not undergo VelaShape treatments if I am pregnant or breastfeeding, if I have an implanted automatic defibrillator or other implanted electronic device or if I am taking blood thinners and cannot stop taking them safely for at least 5 days before each treatment, including plavix, aspirin, Coumadin and other blood thinning medication.

_____ (patient initials) I understand that prolonged sun exposure or actively tanning during the course of treatment can make me more likely to have burns or skin discoloration.

_____ (patient initials) I understand that I should not have any deep tissue massages or for 48 hours after treatment.

_____ (patient initials) I understand that I must tell staff at Cosmetic Solutions Med Spa if my medications have changed before each treatment, including over the counter prescription or herbal products.

_____ (patient initials) I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion

I, _____, consent to the treatment known as the Vela Shape treatment. This treatment has been explained to me and I have had the opportunity to ask questions regarding the procedure. I understand that these treatments are not an exact science and the degree of my improvement is variable.

By my signature below, I acknowledge that I have read the information and consent and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I have been adequately informed of the risks and benefits of this treatment and I wish to proceed with the Vela Shape treatment.

I have been informed and understand that my treatments will cost \$_____ per treatment. I also understand that any appointment that I make that is not cancelled within 48 hours I will be charged a (\$50 or forfeiture of one of the treatment) no show fee.

Patient Name (print): _____

Patient Signature: _____ Date: _____

Witness: _____

Patient Initials _____