



COOLSCULPTING INFORMED CONSENT FORM

Last Name

First Name

This consent form is designed to verify that you have been satisfactorily informed and educated in respect to your fat reduction treatment, as well as its aftercare, so that you may make an educated decision as to whether to have this procedure performed. Please read and initial each paragraph below and freely ask us any questions you may have.

GENERAL INFORMATION:

_____ Prior to receiving this treatment, I have been candid in revealing any condition that may have a bearing on this procedure, such as pregnancy, breast feeding, Cryoglobulinemia (a condition in which an abnormal level of proteins thicken the blood in cold temperature), paroxysmal cold hemoglobinuria or cold agglutinin disease (blood disorders in which cold temperatures lead to red blood cell death), known sensitivity to cold such as cold urticarial (hives triggered by cold) or Raynaud's disease (disorder in which cold leads to reduced blood flow in the fingers, which appear white, red, or blue), pernio or Chillblains (itchy and/or tender red or purple bumps that occur as a reaction to cold), impaired peripheral circulation, poor blood flow in area to be treated, Diastasis Recti, neuropathic (nerve) disorders such as post-herpetic neuralgia or diabetic neuropathy, impaired skin sensation, open or infected wounds, bleeding disorders or use of blood thinners, recent surgery or scar tissue in area to be treated, hernia or history of hernia in the area to be treated or adjacent to treatment site, any major health problems such as liver disease, any known sensitivity to isopropyl alcohol or propylene glycol, any skin conditions such as eczema, dermatitis or rashes, or active implanted devices such as pacemakers and defibrillators.

_____ I understand that this procedure may use a non-invasive vacuum applicator to draw in tissue or a non-invasive surface applicator to deliver controlled cooling at the surface of the skin. The procedure is for spot reduction of fat. It is not a weight-loss solution and it does not replace traditional methods such as diet, exercise or liposuction. Someone who is overweight can expect to see less visible improvement than someone who has smaller fat deposits. Clinical studies have shown that the CoolSculpting procedure will naturally break down fat cells to change the appearance of visibly localized bulges of fat that is just beneath the skin on the abdomen, thighs, flanks and submental (under chin) area. Following the procedure, the treated fat cells are naturally processed by the body. As with most procedures, visible results will vary from person to person.

_____ The suction pressure of a vacuum applicator may cause sensations of deep pulling, tugging and pinching. A surface applicator may cause sensations of pressure. You may experience intense cold, stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb.

_____ The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur. You may feel a sense of nausea, lightheadedness, flushing, sweating, fainting or dizziness as your body naturally warms and sensation returns to your treatment area. These are all normal reactions that typically resolve within minutes.

_____ Bruising, swelling, redness, cramping, tenderness and pain can occur in the treated area and it may appear red for one to two weeks after treatment.

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_____ You may feel a dulling of sensation in the treated area that can last for several weeks after your procedure. Other prolonged changes – including deep itching, tingling, numbness, tenderness to the touch, pain in the treated area, strong cramping, muscle spasms, aching, bruising, skin sensitivity and/or soreness – also have been reported after a CoolSculpting procedure.

_____ After submental area treatment, a feeling of fullness in the back of the throat may occur. Initial if the submental I area is to be treated. If the area under the chin is not being treated, please write N/A.

_____ Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. Contact us immediately if any unusual side effects occur or if symptoms worsen over time.

_____ You may start to see changes as early as three weeks after your CoolSculpting procedure, and you will experience the most dramatic results after one to three months. Your body will continue naturally to process the injured fat cells from your body for approximately four months after your procedure.

_____ Results vary from person to person. You may decide that additional treatments are needed to reach your desired outcome. Although highly unlikely, it is possible that you will not experience any noticeable results from the procedures.

_____ I understand this procedure will be conducted by a certified and licensed Aesthetician, PA or NP, under the direction and delegated authority of a Medical Director.

RISKS/SIDE EFFECTS:

_____ A small number of patients have experienced gradual development of a firmer enlargement, of varying size and shape, of the treatment area, known as “paradoxical hyperplasia”, in the months following the treatment. If such paradoxical hyperplasia occurs, it will be distinguishable from temporary swelling and will probably not resolve on its own. The enlargement/lump can be removed by means of a surgical procedure such as liposuction.

_____ A small number of patients have experienced excessive fat removal in the treatment area, resulting in an unwanted indentation (treatment area demarcation). The indentation may be improved through corrective procedures.

_____ In rare cases, patients have experienced vasovagal symptoms during the treatment, and reported frostbite, darker skin color, hardness or discrete nodules. Treatment may cause new hernia formation or exacerbate pre-existing hernia, which may require surgical repair. I understand that these and other unknown side effects may also occur.

_____ With full knowledge and understanding of the risks/hazards discussed above, I voluntarily request the procedure be performed. I have been informed of the nature, risks, and possible complications and consequences of these procedures. I fully understand this is a process and therefore not an exact science and that all clients have different experiences and outcomes due to their unique body composition. I accept full responsibility for the decision to have this body work performed on me and I accept the possible consequences of said procedure.

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_____ I understand that although complications are rare, sometimes they may occur and that attention may be necessary. In the event of any complication, I will immediately contact the center.

_____ I understand that these and other unknown side effects may also occur.

AUTHORIZATION AND WAIVER

_____ I hereby authorize AOB Med Spa, its employees, and agents to perform the fat reduction procedure on me. I fully understand that this procedure has limited applications. I am aware that the practice of aesthetics is not an exact science and I acknowledge that my aesthetician cannot guarantee quality and/or results or freedom from complications. I acknowledge that I have had the opportunity to ask questions, and that I fully understand the procedure.

_____ I understand and acknowledge that there are risks involved with the fat reduction procedure, including but not limited to those side effects listed above. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand that any false or misleading information I have given may lead to undesired results and complications and hereby release and hold harmless AOB Med Spa from any and all liability if such results or complications occur. I further understand that my failure to follow post care instructions may also lead to undesired results, complications or effects and hereby release and hold harmless AOB Med Spa from liability if such results or complications occur.

_____ "Before" and "After" photos (taken at 8 weeks) are required for all CoolSculpting treatments.

_____ A \$500 non-refundable deposit will be collected at time of initial booking to reserve the treatment room. The \$500 fee is non-refundable if room is cancelled with less than 48 hours notice. If the client decides not to proceed with treatment and the room has been cancelled with at least 48 hours notice, then the deposit will be placed on account to be used towards any other goods and services provided.

_____ Any payment made on AOB Med Spa treatments is non-refundable. Any unused treatments will be available as an in-house credit on your account, and can be used to purchase treatments or products.

I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above.

Client Signature (or Responsible Guardian)

Date

Witness

Date

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