

Cavi Lipo Consent Form

The Cavi Lipo Laser is a new and innovative technology that has been designed for spot fat reduction and body contouring. It is one of the tools that we can use to help you reach your goals and the real advantage of this technology lies in the fact that we can specifically target a trouble area. Once the fats have been released from the cell they can be used by the body as a fuel source. Therefore, it is critical that the dietary and lifestyle changes are made to help support the goals of treatment.

A reduced calorie diet and an exercise program that will help to burn approximately 350-500 calories post treatment are ideal. Individual results may vary and it is the responsibility of the client to ensure they are doing the appropriate home care to ensure maximum results. Clients should be consuming a caloric intake equivalent to their target weight (lbs) multiplied by 10. For example a 220lb male who wants to reach 200 lbs should be consuming a daily intake of 2000 calories. In some cases additional support may be required for lymphatic drainage to help stimulate the body to clear the fats that are released from the cell.

Patient Agreement:

By signing this agreement, I understand that I am beginning a series of treatments to help reach my goals of body contouring and cellulite reduction. I understand that individual results may vary and that I must commit to changing the dietary and lifestyle factors necessary to achieve optimal results. I understand that the first step to a positive change is creating awareness about the steps necessary to reach these goals and will work diligently to ensure success.

I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I realize there may be pre-existing medical conditions that can preclude me from seeing optimal results. By signing this agreement, I release True Skin from any liability regarding this treatment and do so understanding that results can vary from individual to the next.

I have read and fully understand this consent form and I realize I should not sign this form if all items have not been explained to me. My questions have been answered to my complete satisfaction. I have been urged and given all the time needed to read and understand this form.

If you have any questions regarding the proposed treatment, ask your technician before signing this consent.

I agree to electronically sign this document using the Google form emailed to me.

EndyMed PRO Informed Consent Form

I understand that the EndyMed PRO is a radio-frequency (RF) device intended for use in dermatologic and general surgical procedures for non-invasive treatment of wrinkles and rhytides. I understand that multiple treatments may be required and that there is no guarantee that the wrinkles/rhytides will be completely removed. I understand that there is a possibility of short term (few seconds to hours) adverse effects such as heating sensation, erythema, and dry skin. Burns may occur in rare situations. These possible adverse effects have all been fully explained to me.

I understand that the treatment by the EndyMed PRO System involves a series of treatments and the fee structure has been fully explained to me.

I also understand that there are other options for wrinkles and rhytides treatment that are available and each of these other options have fully been explained to me.

With this in mind, I am choosing to try EndyMed PRO non-invasive treatment for wrinkle and rhytides reduction. I have read and understand this agreement and all of my questions have been addressed and answered to my satisfaction. I agree to the terms of this agreement.

I agree to electronically sign this document using the Google form emailed to me.