

Butt/Breast Enhancement Vacuum Therapy

Date: _____

Name: _____

Email: _____

Phone Number: _____

- You've been advised that the treatment that is provided is the Butt/Breast Enhancement, the risks involved and any alternative that is available for your consideration and will be given the opportunity to ask questions. By executing this form, you agree that Body Simplicity and its associates may perform the Breast/Butt Enhancement on you during treatment.
- **Please INITIAL once you have read each statement.**

_____ The Butt/Breast Enhancement/Ultrasonic procedure is FDA cleared, patented procedure for abdominal, flank, inner and outer thigh, and fatty breast tissue fat reduction using vacuum pressure to draw fatty tissue into a suction. The suction pressure may cause sensations of deep pulling, tugging and pinching. You also may experience intense stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as they are becoming numb. I understand that some of the body areas that the treatment is performed on may be considered "off label" which include posterior bra line and arms (triceps). I understand that there are other cosmetic surgical options that are available to me, but I choose Breast/Butt Enhancement/Ultrasonic treatment.

_____ The procedure is for spot reduction of fat. It is not a weight loss solution, and it does not replace traditional methods such as liposuction. Someone who is overweight can expect to see less visible improvement than someone who has small fat deposits. Clinical studies have shown that Butt/Breast Enhancement/Ultrasonic will naturally remove fat cells but as with most procedures, visible results will vary from person to person.

_____ After the procedure, the treated area may look or feel stiff and transient blanching (temporary whitening or redness of the skin) may occur. You may feel a sense of nausea 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, tenderness, short- and long-term numbness, can occur in the treated area. In addition, the treated area may appear red for a few hours after the applicator is removed.

_____ You may feel a dulling sensation in the treated area that can last for several weeks after your procedure.

_____ Other changes including deep itching, tingling, numbness, tenderness to the touch, pain in the treated area, strong cramping, muscle spasms, aching and or soreness also have been reported after a treatment.

_____ Patient experiences will differ. Rarely patients may experience a delayed onset of the previously mentioned occurrences. You should contact our office immediately if any unusual side effects occur or if symptoms worsen over time.

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_____ In rare cases, patients have experienced vasovagal symptoms during treatment, and reported dead burn, darker skin color, hardness, discrete nodules, or enlargement of the treated area. Surgical Intervention may be required to correct the enlargement. Treatment may cause new hernia formation or exacerbate preexisting hernia, which may require surgical repair. I understand that these and other unknown side effects may also occur.

_____ More than one treatment may be required depending on the side of the treatment are and the desired outcome.

_____ I authorize _____ (specialist name) to palpate, touch and treat the following areas:

- Breasts
- Buttocks
- Abdomen
- Flanks
- Back
- Legs/ Thighs
- Head/ neck

_____ I do not have any of the following medical issues and have not had any of the following medical conditions

- Cryoglobulinemia or paroxysmal cold hemoglobinuria; known sensitivity to heat such as Raynaud's disease
- Impaired peripheral circulation in the area to be treated
- Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy
- Impaired skin sensations
- Open or infected wounds
- Bleeding disorders, Blood clot or concomitant use of blood thinners
- Recent surgery or surgical tissue in the area to be treated
- A hernia or history of hernia in the area to be treated or adjacent to treatment site
- Skin conditions such as eczema, dermatitis, or rashes
- Pregnancy or lactation
- Any active implanted devices such as pacemakers and defibrillators.

Client Signature: _____ Date: _____