



Lila's Mini Spa

Red Light Therapy (Laser Lipolysis) Consent Form

First and Last Name: _____ Date: _____

What is RLT (Laser Lipolysis)?

Laser lipolysis is a non-invasive form of body contouring. It removes small fat deposits. Like surgical liposuction, this procedure permanently removes fat cells from your body. It's much less painful, and laser lipolysis recovery is also shorter and less complicated. It also comes with a lower risk of loose skin afterward.

What to Expect:

It takes about half an hour, and you can return to normal activity right away. There is no anesthesia involved.

To do the laser "lipo," your technician attaches paddle-like applicators to the area to be treated. The paddles emit heat that penetrates your skin and heats up the fat cells underneath. The heat damages the membranes of the fat cells, so they start to die off. Your body then absorbs the dead cells.

It takes time -- about six weeks -- to see the final results of the treatment. After that, you should have noticeable sculpting in the area that was treated. Some people need more than one treatment for optimal results.

Before and After Photos Release:

- If pre and post-treatment photos and/or video are taken of the treatment for record purposes, I understand that these photos will be the property of the attending technician and The Skinny. I authorize before, during and after the procedure(s) the taking of photographs to be part of my patient profile.

Initials: _____

Medical history: (Check all that apply)

- Pacemaker or internal defibrillator, implanted neurostimulators or another internal electric device.
- Cancer
- Diabetes and Impaired immune system due to immunosuppressive diseases such as AIDS and HIV.
- Immune suppressive medications.
- Medications such as blood thinners.
- Severe concurrent conditions such as cardiac disorders or epilepsy.
- Condition which could be adversely affected by heat or cold
- A history of diseases stimulated by heat, such as recurrent Herpes Simplex in the treatment area.
- Areas of sensory impairment such as cases of nerve lesions or neuropathy.

Contraindications for RLT Treatments: (Check all that apply)

- Implants: heart pace-maker, metallic foreign bodies in treatment area
- Multiple Sclerosis
- Organ transplants
- Pregnancy
- Acute hernia, discopathy, spondylolysis.
- Lactation
- Migraines or Epilepsy
- Malignant Tumors
- Acute infections or inflammations
- Heart failure
- Active cancer (5 years after end of treatment)
- Severe cardiovascular disease, circulation, arterial hypertension
- Fever
- Liver Disease
- Severe active arthritis, osteoporosis
- Thyroid Disease
- Any Viral, Fungal or Bacterial skin diseases in the treatment area. (Damaged epidermis) eg) arterial sclerosis, Herpes, sores, psoriasis, dermatitis, eczema and rash.

Current Medications and/or Supplements: (Please List Below)

Policies and Consent:

Financial Responsibility: I understand that all payments are due at time of service. We accept: cash, credit card, and debit cards.

Cancellation/Rescheduling Policy: A cancellation of any appointment requires a minimum of 24hrs notice. If cancelling within the 24hr window of your appointment, a 50% fee of the scheduled services will be required prior to rebooking. It is important to be aware that this may have a negative effect on your overall results. Any changes to the initial treatment dates will be subject to availability.

No Shows: If you do not show up for your scheduled appointment, a 100% fee of the scheduled service is required to be paid prior to rebooking any new appointments.

Arriving Late: If you are 10 minutes or more late for your scheduled appointment time, we may not be able to complete your full service or might need to reschedule depending on the type of service you have booked. Please be mindful of your appointment times and dates!

I understand the results may vary from person-to-person and that at least 2 - 4 treatments are recommended to achieve more noticeable results. Because all individuals are different, it is not possible to completely predict results. Some patients will have dramatic results, while others will have moderate results.
Initials_____

I understand that it is my personal responsibility to inform the technician of any changes to my medical history during the course of treatment sessions. I confirm that should this occur, I shall advise the technician of any changes.
Initials:_____

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.
Initials_____

I _____ confirm that all information provided above is correct to the best of my knowledge.

Client Signature:_____ Date:_____

Technician Signature: _____ Date: _____

