Body Contour of Louisville Consent Form

Thank you for your interest in having your body sculpting procedure with us. We are with you on your desire to reach your goals for a better body that helps boost your confidence and bring a better lifestyle. We have provided some information that can help you achieve your best results:

1. *Drink plenty of water before and after treatment*
2. *Have a 2-hour fast prior to treatment*
3. *Perform some physical activity such as exercise*
4. *Eat high protein diet during treatment weeks*
5. *Avoid alcoholic drinks and those with high sugar before and after treatment*

Please take note that results may vary for the treatment.

During the treatment, you might feel a warm discomfort. If it's not tolerable, please advise our technician.

Realistic Expectations

One session- Increase strength and skin tightening

Three sessions- Slight visible improvement, noticeable skin tightening, easier ability during workout routine.

Six sessions- Visible improvement with fat reduction and tightening, noticeable increase in strength.

Eight sessions- recommended package plan to achieve visual results and increase in muscle strength to treatment area. Clients who undergo 8 treatments qualify for monthly maintenance discount for $30/session.

During Treatment

DO NOT eat during machine operation

DO NOT use if have metal on any part of the body
Use at least one hour after meals. DO NOT use when feeling full after eating
DO NOT touch metal objects during the treatment.
DO NOT adjust controls on machine yourself
DO NOT adjust position of paddles yourself

I acknowledge visual results from this treatment are best suited for those with a BMI <35

Cancellation Policy

No call/no show will result in loss of a session in purchased package or $25 late fee to be paid prior to next appoitnment. All cancellations must be made 1 day prior to appointment.

Name

First Name

Last Name

Email

example@example.com

Phone Number

(000) 000-0000

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Gender

- Male
- Female

Marital Status

- Single
- Married
- Widowed
- Divorced

Date of Birth

MM-DD-YYYY

Date

Age

0

Contact In Case Of Emergency

Name

First Name

Last Name

Phone Number

Relationship

(000) 000-0000

Please enter a valid phone number.

Treatment

- [ ] Cellulite reduction
- [ ] Muscle Strengthening
- [ ] Pelvic Floor Strengthening
- [ ] Fat Reduction

Areas to be treated

- [ ] Abdomen
- [ ] Arms
- [ ] Buttocks
- [ ] Thighs
- [ ] Calves
- [ ] Pelvic Floor

Medical History

	Yes	No
Are you pregnant or nursing?	◯	◯
Are you immunocompromised?	◯	◯
Do you have any liver or kidney disorders?	◯	◯
Do you have any thyroid gland dysfunction?	◯	◯
Do you have epilepsy?	◯	◯
Do you have cancer or a history of cancer?	◯	◯
Do you have photosensitivity to sun exposure?	◯	◯
Are you taking any drugs that may cause photosensitivity?	◯	◯
Have you undergone an organ transplant?	◯	◯
Do you have any current infections?	◯	◯
Do you have advanced untreated diabetes?	◯	◯
Do you have uncontrolled Hypertension?	◯	◯
Do you have any kind of heart condition?	◯	◯

Do you have hemophilia (blood clotting condition)?	◯	◯
Do you have any infectious disease or tuberculosis?	◯	◯
Do you have a pacemaker?	◯	◯
Do you have a contraceptive implant?	◯	◯

If you have answered 'Yes' to any of the medical conditions above, we advise you to see your doctor first before undergoing treatment with us. We reserve the right to not begin any treatment should we believe that such treatment may cause risk to our client due to the medical conditions which the client has.

Reminder:

- [ ] Please make sure that there are no metal instruments that are present on or in your body during the scheduled treatments. If you have any heart or liver problems, uncontrolled high blood pressure, or cancer or undergoing radiology treatments, please see your doctor first. However, if you have a pacemaker, it is unfortunate that we cannot proeed with any of the services that we offer.

CONSENT

I hereby declare that I am of legal age and I understand that treatments for body sculpting do not guarantee absolute results. In order to achieve my desired results, I may be required to undergo several treatments with an appropriate diet and physical activity. I understand that this is a non-invasive procedure, however, the heating element has potential to burn treatment area. I will notify technician of excessive burning sensation to treatment area to avoid blisters.

I hereby release and forever discharge the Clinic, its affiliates, partners, agents, and employees from any and all causes of action. I will hold harmless, the Clinic for any liabilities, damages, injuries whether seen or unforeseen.

I understand that any procedure under the Clinic does not constitute medical treatment or cure to any illness.

By signing this form, I declare that all information and declarations I have made above are true and correct to the best of my knowledge. I have had the opportunity to ask questions and which were answered to me and to my satisfaction. I have likewise read all the information above and give my consent with my full knowledge, understanding, and

assumption to the risks involved in the treatment, without any coercion, inducement, or undue influence.

Signature

Powered by **Jotform Sign** Clear

Date

MM-DD-YYYY

Date

Submit