



ULTRASONIC CAVITATION PATIENT CONSENT

Full Name: _____ DOB: _____

Ultrasonic Cavitation are technologies for breakdown of the fat deposits. They provide a non-invasive method to break down stubborn fat deposits that never seem to disappear no matter what your diet is or how hard you exercise. The most problematic body areas are abdomen, flanks (love handles), inner thighs, buttocks, inner knees, under chin and upper arm.

Appointments are usually scheduled every 2-3 weeks. In order to ensure maximum results, it is necessary to follow the recommended treatment schedule. The total number of treatments will vary between individuals. **On occasion, there are patients that do not respond to treatments.** I understand the nature, goals, limitations and possible complications of this procedure and have discussed alternative forms of treatment. I have had the opportunity to ask questions about the procedure, as well as any limitations, complications and/or side effects.

ACKNOWLEDGEMENT

I have read, agree to, and understand the following:

- The goal of any treatment, as in any cosmetic procedure, is improvement, not perfection, and results may not be perfect due to any genetic, hormonal, nutritional, or topical applications interference or an impact of unpredictable reactions.
- Individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections. Bacterial, fungal and viral infections can occur. Herpes simplex (viral infections) around the mouth can occur following a treatment. Should any type of skin infection occur, check with your physician for proper treatment.

I have read and understand all of the above. I have asked any and all questions that I have regarding the procedure of laser lipo/ultrasonic cavitation, **pre-treatment and post-treatment**. I was given written instructions for **post-treatment** care at home. I understand completely and will take full responsibility for post-treatment care. All of the treatment fees have been discussed with me and I understand them completely.

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release **all related staff** from all liabilities associated with the above-indicated procedure. By signing this form, I am giving EFC Medspa permission to treat me, and I understand all symptoms and side effects that may occur during or after treatments, thereby releasing EFC Medspa of all liability regarding these issues.

Signature: _____ Date: _____