

BODY ICE SCULPTING CONSENT FORM

Minimal Cavitation may be performed prior to Ice Therapy. All procedures are non-invasive and non-surgical. A vacuum applicator is used to draw broken down fat to the lymphatic system for release and Ice Therapy is performed on the surface of the skin. The Ice is made of organic (natural) ingredients and clays which inhibit the breakdown of fats.

Organic Body Ice is applied on the body in a frozen state. You will feel a very cold exposure for the first couple of minutes. This will allow for natural triggering of thermogenesis. Body ice is applied to desired areas of the body to see IMPROVEMENT of slimming, cellulite reduction and toning of the skin. The treatment will last about 35 to 45 min until product is completely melted. An invigorating feeling is left after the Body ice application, you will see results immediately following the procedure.

Body Ice can be done 2-3 times a week allowing for visible results each time the client comes in. Body Ice will work for anyone wanting to slim, reduce cellulite, jumpstart metabolism, detox or toning the skin. The procedure is for spot reduction of fat. It is not a weight-loss solution, improvement of dietary habits and exercise are recommended. Someone who is overweight can expect to see less visible improvement than someone who has smaller fat deposits. Clinical studies have shown that Fat Freezing will naturally remove fat cells but, as with most procedures, visible results will vary from person to person. Initial _____

What you can expect:

- The suction pressure may cause sensations of deep pulling, tugging, and pinching. You may experience intense stinging, tingling, aching, or cramping as the treatment begins. These sensations generally subside as the area becomes numb. Initial_____
- The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening 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. Initial_____
- Bruising, swelling, and tenderness can occur in the treated area, and it may appear red for a few hours after the applicator is removed. Initial_____
- You may feel a dulling of sensation in the treated area that can last for several hours 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 Fat Freezing treatment. Initial_____
- Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. Contact us immediately if any unusual side effects occur or if symptoms worsen over time. Initial_____
- You may start to see changes as early as three days after Fat Freezing, and you will experience the most dramatic results after 3-6 treatments. Your body will continue naturally to process the injured fat cells from your body for approximately 72 hours after your procedure. Initial_____
- You may decide that additional treatments are needed to reach your desired outcome. Initial_____

➤ I understand that other unknown side effects may also occur. Initial_____

Do you have any of the following?

- Cryoglobulinemia or paroxysmal cold hemoglobinuria:_____Yes / No
- Known sensitivity to cold such as cold urticaria or Raynaud's disease:_____Yes / No
- Impaired peripheral circulation in the area to be treated:_____Yes / No
- Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy:_____Yes / No
- Impaired Skin sensation:_____Yes / No
- Open or infected wounds:_____Yes / No
- Bleeding disorders or concomitant use of blood thinners:_____Yes / No
- Recent surgery or scar tissue in the area to be treated:_____Yes / No
- A hernia or history of hernia in the area to be treated:_____Yes / No
- Skin conditions such as eczema, dermatitis, or rashes:_____Yes / No
- Pregnancy or lactation:_____Yes / No
- Any active implanted devices such as pacemakers and defibrillators:_____Yes / No

As with most medical procedures, there are risks and side effects. These have been explained to me in detail. I have read the above information, and I give my consent to be treated with Body Ice by Body Simplicity and its staff.

Body Simplicity
YOUR BODY, OUR SOLUTIONS

Print Name:_____Signature:_____Date: _____

Witness:_____Signature:_____Date: _____