



EMSCULPT^{neo}®

PATIENT TREATMENT CONSENT

Patient's name:	Date of birth:
Phone:	Email:

As the patient, I acknowledge that I have electively decided to have non-invasive treatments with the EMSCULPT NEO® device. This device is FDA approved for certain treatments:

1. Non-invasive lipolysis (breakdown of fat) of the abdomen and thighs and reduction in circumference of the abdomen and thighs.
2. Improvement of abdominal tone, strengthening of the abdominal muscles and development of firmer abdomen.
3. Strengthening, toning, firming of the muscles of buttocks, thighs, and calves
4. For improvement of muscle tone and firmness, and strengthening of arm muscles.

To agree please initial here: _____

Please select your treatment area: Abdomen. Buttocks. Biceps/Triceps. Back of thighs.
 Front of thighs. Calves. Outer thighs. Inner thighs.

I understand that each treatment session is typically about 20-30 minutes, with sessions separated by 5 to 10 days for HIFEM+ and RF Advance/Gentle protocol or 2-3 days for HIFEM+ Classic protocol. I acknowledge that completing a full treatment series is necessary to maximize treatment efficacy which typically is 4-6 sessions depending on location. I acknowledge that full and complete results may not be fully apparent until 3 month after the last treatment. Each treatment area is a separate charge. See fee schedule.

To agree please initial here: _____

Further, I acknowledge that I may electively decide to seek and purchase additional and future treatments, depending on my personal overall goals. Each treatment series is a separate charge. Maintenance treatments can be done quarterly and periodically depending on my personal preferences and also require a separate charge. See fee schedule.

To agree please initial here: _____

Before each treatment session, I understand that it is highly recommended that I am well hydrated with plenty of non-caffeinated fluids. For abdominal treatments, it is **not** recommended to eat anything within 2 hours of the treatment time.

To agree please initial here: _____

Since the treatment paddles will need to be placed directly and firmly on the skin surface using an elastic band, I understand I will need to wear comfortable clothing before and during each treatment session. Additionally, depending on the treatment area, I understand that I will need to have either loosely fitting clothing or proper under garments that allow direct skin exposure for the treatment paddles. I understand that the treatment will not be performed through clothing.

To agree please initial here: _____

To avoid excessive sweating and reduced efficacy for the treatments, I acknowledge the treatment area should be shaved of excessive hairs or trimmed before the treatment. Also, I acknowledge the treatment area will be wiped with alcohol before each treatment to remove any moisture, perfumes, moisturizers, or oils. We do **NOT** recommend you use any lotions, creams, or perfumes on the treatment site before the visit.

To agree please initial here: _____

I acknowledge that I will be asked to remove all wearable metallic accessories such as piercings, studs, and earrings. Additionally, I acknowledge and agree to **NOT** wear any metallic accessories (such as jewelry, a watch or clothes containing metallic threads or metallic accessories) during any of the treatment sessions. Further, so as not to damage the electronic device, I agree that I will not use or hold a mobile phone, tablet, iphone®, ipad®, or any electronic readers during the treatment sessions.

To agree please initial here: _____

I acknowledge that successful treatment outcomes can be affected by smoking, excessive alcohol consumption, eating disorders, and any current or future medications that may promote weight gain. While no special diet is required, I acknowledge that any EMSCULPT NEO® treatment is not a substitute for a current and future healthy diet and continued physical activity.

To agree please initial here: _____

An EMSCULPT NEO® treatment does not require anesthesia nor topical numbing medications. During the treatment sessions, I understand and acknowledge that I will feel intense muscle contractions and a heating sensation in the treated area, but the treatments should never be painful. I understand that I may ask my provider or technician to adjust the intensity should I feel any pain or discomfort. I acknowledge and understand however that lowered intensity levels during any treatment session will affect overall outcomes and efficacy of the treatment series.

To agree please initial here: _____

I understand that the procedure typically doesn't require any recovery time and I may resume routine activities immediately after each treatment. Rarely, some individuals post-treatment will feel tired and/or sore as if they were working out for hours at the gym. On the day of the scheduled treatment, we do not recommend that you engage in strenuous physical activity. You may resume vigorous physical activity the next day.

To agree please initial here: _____

I am aware that treatments **cannot** be applied over the head, chest, heart and neck areas. I acknowledge and agree that I will never move the paddle devices during the treatment session. I acknowledge that should the paddle move for any reason that I will summon either the provider or the technician for assistance. I acknowledge and am aware that the treatment sessions are not always individually attended and I may summon for help at any time.

To agree please initial here: _____

I acknowledge that, as is the case with any heat-based therapy, in extremely rare cases, burns or permanent skin damage may occur. I understand and accept this extremely rare possibility and wish to proceed with the treatment series.

To agree please initial here: _____

I understand that the treatment over injured or impaired muscles is not recommended. I acknowledge it is my sole responsibility to alert the treatment team if I have any injury in the treatment area during my treatment series. I acknowledge that I will not be due any refund of prior completed treatments despite not completing the full treatment series. I accept and understand that I will only be entitled to a refund for any pre-paid future sessions that have yet to occur minus an administrative charge (see fee schedule). Additionally, I acknowledge and accept that I may not achieve any resulting benefit from prior treatment sessions since I am not completing the entire series.

To agree please initial here: _____

I understand and acknowledge that there are certain potential side effects associated with EMSCULPT NEO® treatments. The side effects may include, but are not limited to, muscle pains and aches, intramuscular fat loss, temporary muscle spasms, temporary joint or tendon pain, local erythema or skin redness, and/or increased menstrual flow in female patients. Additionally, I understand and acknowledge that a very rare side effect called panniculitis, which is an inflammation of the subcutaneous tissues, may occur. I understand and accept that I have raised any further questions regarding side effects before I have signed this document and further stipulate that all of my questions have been answered to my satisfaction. I understand and accept these potential side effects and wish to proceed with the treatment series.

To agree please initial here: _____

I acknowledge, understand and accept that I must report prior to any treatment session any recent or current illnesses including skin infections or rashes, lung infections, chest pain, shortness of breath, fever, vomiting, diarrhea, abdominal pain, neurological deficits or any other active and acutely painful situations. I accept and understand that I will only be entitled to a refund for any pre-paid future sessions that have yet to occur minus an administrative charge (see fee schedule). Additionally, I acknowledge and accept that I may not achieve any resulting benefit from prior treatment sessions if I am not completing the entire series.

To agree please initial here: _____

I acknowledge, understand and accept that I must report any abdominal, cardiac or any other type of surgery during the treatment period. I accept and understand that I will only be entitled to a refund for any pre-aid future sessions that have yet to occur minus an administrative charge (see fee schedule). Additionally, I acknowledge and accept that I may not achieve any resulting benefit from prior treatment sessions if I am not completing the entire series.

To agree please initial here: _____

I acknowledge, understand and accept that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks and I wish to proceed with elective treatment.

To agree please initial here: _____

I agree and consent to before and after treatment photographs, along with biometric measurements including weights. These photographs can be done at the beginning of each treatment area and repeated in 3 months after start of treatment to fully assess efficacy. I acknowledge, understand and accept that this information will be acquired for medical records purposes only. Additionally, my individual non-identifiable demographic information will be transmitted to BTL Enterprises (manufacturer of EMSCULPT NEO® device) for aggregate purposes including weight, date of birth and treatment protocol. **No individually identifiable information will be transmitted.** Photographs will never be shared or released without your expressed written consent (if applicable, see separate photographic consent). I acknowledge, understand and accept that my biometric information can be used in an aggregate non-identifiable manner for marketing purposes on the internet at the CTWeightLoss.net site and other affiliated web sites.

To agree please initial here: _____

I acknowledge, understand and accept that treatment results may and will vary from person to person and that an exact result cannot be predicted, expected, nor guaranteed. Completing a full treatment series is necessary to maximize treatment efficacy and results. While very unlikely, I acknowledge, understand and accept that I may not feel nor see any recognizable result after the treatment series is complete and for up to 3 months after treatment completion. I acknowledge, understand and accept the results may not meet my expectations. Diabetes & Weight Loss Center of Northeast CT, LLC and its affiliates, its providers and technicians will not be held liable for unsatisfactory results. There are no guaranties nor warranties inherently or expressly given as to the efficacy or results for the treatment procedure. I acknowledge, understand and accept that no refunds will be issued.

To agree please initial here: _____

For female patients:

I am aware and acknowledge that pregnant women, recently pregnant women within the past 2 months and women that are breast feeding **cannot** undergo treatment. I acknowledge and accept that for women of child bearing age who are not using adequate pregnancy prevention methods as determined by our providers will be required to complete a urine pregnancy test prior to each treatment for an additional cost (see eligibility documentation). I acknowledge that it is my sole responsibility to alert the provider or technical staff should I become pregnant during the treatment series. Further, I acknowledge that I will not be due any refund of prior completed treatments despite not completing the full treatment series. I accept and understand that I will only be entitled to a refund for any pre-paid future sessions that have yet to occur minus an administrative charge (see fee schedule). Additionally, I acknowledge and accept that I may not achieve any resulting benefit from prior treatment sessions if I am not completing the entire series. Further, I understand and acknowledge that it is my sole responsibility to inform the staff should I start my menstrual cycle as this could delay or defer a treatment session depending on the treated area.

To agree please initial here: _____

I acknowledge, understand and agree to accept all the provisions and stipulations of the Diabetes & Weight Loss Center of Northeast CT, LLC EMSCULPT NEO® fee schedule. I acknowledge, understand and accept that I am financially responsible for not only the treatment fees which will be collected upfront before the start of any treatment but also any cancellation fees, and other administrative costs noted on the fee schedule. Further, I acknowledge, understand and accept that the fee schedule can change without notice; please see the most up to date fee schedule posted at CTWeightLoss.net.

To agree please initial here: _____

I acknowledge, understand and accept that if I fail to pay any administrative or cancellation fees prior to my next treatment that I may be denied additional treatments. Additionally, I acknowledge and accept that I may not achieve any resulting benefit from prior treatment sessions since I am not completing the entire series and I will not be entitled to any refund of prior funds paid.

To agree please initial here: _____

I acknowledge, understand and accept that I am financially responsible for any future attorney fees, court costs, collection agency fees, and other associated fees incurred by Diabetes & Weight Loss Center of Northeast CT, LLC or any of its affiliate's attempts to secure and procure compensation owed to it for any previously rendered services which include any owed administrative fees.

To agree please initial here: _____

I acknowledge, understand, and accept that Diabetes & Weight Loss Center of Northeast CT, LLC, its providers, and any of its technicians have to sole discretion of canceling my current and future appointments for any reason whatsoever.

Further, I acknowledge, understand, and accept that no lewd, disruptive nor abusive behavior or displays will be acceptable during this medical procedure and treatment protocol. Additionally, I acknowledge, understand, accept and hold harmless Diabetes & Weight Loss Center of Northeast CT, LLC, its affiliates and providers, and any of its technicians for any type of cancellation. I understand and accept that I may not achieve any resulting benefit from prior treatment sessions since I am not completing the entire series and I will not be entitled to any refund of any prior funds paid.

To agree please initial here: _____

In addition to the treatment eligibility application and all the provisions of fee schedule document and other applicable documents, I certify that I have read and completed this entire document and that I agree with all its provisions. Further, I attest that all the relevant information provided here and in the eligibility application are true, accurate, and current to the best of my knowledge and abilities.

Further, I certify that I have had the opportunity to ask questions and these questions have been answered fully to my satisfaction.

With my signature below, I fully acknowledge, understand and accept the treatment conditions, procedures, and possible side effects. I request and give my consent to have this elective treatment with the EMSCULPT NEO® device as furnished by the providers at Diabetes & Weight Loss Center of Northeast CT, LLC and their designated staff.

Patient's signature: _____ **Date:** _____

Witness Printed Name: _____

Witness Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____