

LASER LIPO CONSENT FORM

Lure Beauty

A. PROGRAM AND BACKGROUND

You have requested to be treated with the Laser Lipo low-level laser therapy. This treatment is the application of a 635nm low intensity laser, which has been shown through extensive research to cause the fat within the adipocyte (fat cell) to leave the cell and accumulate in the interstitial space around the cells. In contrast to high-power, high heat lasers that are used in various medical procedures, the low level laser used for this treatment has no thermal effect on tissue. Instead, the non-invasive laser helps the body absorb fat by stimulating its biological function. Excess fat is then released naturally by the body's lymphatic system and subsequently excreted without the negative side effects and downtime associated with more invasive procedures such as liposuction. This therapy has been tested in several institutional review board approved studies in a double blind and found to be generally effective. Any medical or cosmetic procedure carries risk, complications, and varied results as to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its risks in advance so that you can decide whether to go forward with this procedure. Non-invasive low level laser therapy has been approved by the FDA.

B. PROCEDURE

You will need to expose the area to be treated while lying down; 635nm low level laser paddles will be placed on the desired area(s) to be treated. It is recommended that a Client will need a minimum of six treatments for the low level laser to achieve its potential effect. This treatment should be used in conjunction with a healthy diet and exercise. If you are not currently exercising you should consult a Health Care Professional.

C. RISKS/DISCOMFORT

There are few risks associated with low level laser therapy. This treatment is non-invasive and uses a cold output laser. During treatment, no discomfort will be present. The Client will not feel the lasers, but the light will be visible. Although no known detrimental risks exist, potential unknown risks may exist. There are also a variety of other conditions for this treatment. It is possible that you may not see any improvement in your body shape or it may get worse. There also may be unknown risks associated with low-level laser therapy.

If you have any of the following, then this treatment is not for you: pregnancy, pacemaker, epilepsy, extreme case of diabetes, severe thyroid, liver or heart disorder, cancer, and/or lymphatic disorder.

D. BENEFITS

Over the years, the benefits of low-level laser therapy have become more prominent. Low-level laser therapy has been used by chiropractors for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval. The potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted; however, the most



treated areas are the stomach, back, hips, flanks, and thighs. In clinical trials, Clients have on average lost 4.5 inches from their stomach, hips, and thighs. These results vary and no guarantee is implied or suggested that desired results will be achieved. Cosmetic indications for these procedures include but are not limited to: cellulite reduction, treatment of problem fat areas, skin tightening, and skin rejuvenation. You may experience increased redness to the area for up to 12 hours. You will be able to return to most normal activities following the treatment.

E. ALTERNATIVES

This procedure is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in sensitivity, effect, duration, and invasiveness include: liposuction, mesotherapy, lipodissolve, velasmooth, dieting, exercise, and potential others; which may have their own risks and benefits.

F. QUESTIONS

By signing below, you certify that this procedure has been explained to you to your satisfaction.

G. CONSENT

I have reviewed this consent form. My consent and authorization for this procedure is strictly voluntary. By signing the informed consent form, I grant authority for Lure Beauty to perform the described treatment or administer any related treatment as deemed necessary or advisable for my medical condition. The purposes of this procedure, risks, complications, and alternative methods of treatment have been fully explained to my satisfaction. I have been informed of the potential risks and side effects of Laser Lipo including but not limited to redness, swelling, heat sensitivity, pain, increased bowel movements, increased urination, increased menstrual flow, and flu like symptoms. The nature of the proposed procedure, the risks, potential damages, and adverse side effects have been explained to me and I fully understand.

Initial: _____

I understand that a minimum of 6 treatments is required to achieve optimal results. At that point, I will be re-evaluated to see if more sessions are needed in order to achieve realistic goals. Clients who are extremely thin may require fewer treatments, while heavier set Clients may require more. I understand that the treatment is most successful if I also maintain a healthy diet and commit to an exercise program. I understand that if after the treatment course I gain weight, the results of the Laser Lipo may be reversed.

Initial: _____

I understand that all treatments are non-refundable, and my Technician cannot be held responsible for any possible side effects. I give my consent to be treated with Laser Lipo by Saphron Collins of Lure Beauty.

Initial: _____



No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I understand the terms herein are contractual and not a mere recital; I have signed this document of my own free act. I have read or have had explained to me the contents of this form. I understand the information on this form and give my full consent to what has been explained to me. I authorize Lure Beauty to perform my treatment.

Client Full Name: _____

Signature: _____

Date: _____