

Consent for Cool Sculpting Procedure

Explanation of Cool Sculpting Procedure:

The Cool Sculpting procedure utilizes highly controlled cooling technology that can safely and effectively reduce and eliminate fat cells from specific areas of the body. Cool Sculpting can deliver significant fat layer reduction in these targeted areas which help to contour the body and reclaim its natural shape. This procedure is non-invasive with no anesthesia or recovery time. During the procedure tissue is drawn into a cup with mild vacuum pressure that may cause some discomfort or an unfamiliar sensation. Patients may also experience an uncomfortable cold sensation that typically subsides within 10-12 minutes after the procedure begins. If an excessively painful sensation is felt during the procedure please notify your technician immediately. Once the procedure is complete, patients can immediately return to their normal activities, including work or exercise.

Contraindications of the Cool Sculpting procedure may include, but are not limited to:

- Cryoglobulinemia
- Paroxysmal cold hemoglobinuria
- Cold urticarial
- Areas of impaired peripheral circulation
- Raynaud's disease or Raynaud's phenomenon
- Severe diabetes
- Liver Problems
- Thin, frail skin

Please read the following statements carefully and initial:

- _____ I understand that this procedure is cosmetic and is purely elective, that the results are not guaranteed and results may vary with each individual.
- _____ I understand that multiple treatments may be necessary.
- _____ I acknowledge that I am a competent, consenting adult of at least 18 years of age.
- _____ I consent to photographs for my medical record of the procedure area.
- _____ I understand all post-procedure recommendations and agree to adhere to them.
- _____ I understand that there may be some pain, cramping and swelling post treatment that may last 2-3 weeks.
- _____ I understand there may be bruising, redness and numbness to the area being treated post treatment that may last 2-3 weeks or more.
- _____ I will notify the medical assistant if the pain is severe or lasts longer than explained to me.
- _____ I understand that I have the right to consent or refuse any proposed procedure at any time prior to its performance.
- _____ I understand I must notify the clinician if my medical history changes prior to subsequent treatments.

Please sign below to indicate that you have read and fully understand the above statements:

By signing this consent form, I confirm I have read this consent form and the consent form has been explained to me in terms which I understand. My signature below also confirms that I do not have any of the contraindications listed on this consent form. I have had the opportunity to ask questions and receive answers regarding this procedure; I understand the risks associated with this procedure and am aware there are alternative treatments available and would like to proceed with this treatment today. I understand this is not a medically necessary procedure. Cool Sculpting is a cosmetic procedure and is not covered by any health insurance plan. I accept responsibility for all costs associated with this procedure and agree not to submit this procedure to any health insurance plan.

PATIENT (PRINT) NAME: _____

PATIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____