

Envy, A Medical Day Spa
Lipo-EX™

CONSENT FORM

please read carefully the following material.. signing this form will indicate that you have been informed about the procedure and that you want to this procedure completed. it is very important that you understand the risks and benefits associated. you are voluntarily taking part in this treatment conducted _____, an employee of envy and under the direction of kris wusterhausen, DO, ENVY, A MEDICAL DAY SPA medical director.

The procedure, cellulite reduction therapy (Lipo-EX™) calls for the use of the *Lipotron Radio frequency system* for visceral and subcutaneous fat reduction and body contouring of the abdominal region, thigh region, hip region, bra bulge region, face and chin region.

you should understand that the treatment is currently considered experimental. Lipotron radio frequency system is considered an investigation device by the FDA. There is no guarantee that you will see improvements or experience visceral fat reduction.

CT scans, body circumference and weight measurements have all confirmed that Lipo-EX™ technology offers 2-3 inches in circumference loss and 10lbs in weight loss in 4-6 weeks.

TREATMENT CONSENT & DISCLOSURE

initial after reading each statement.

fill out a health history form including designating your primary care physician. _____

- be available for treatments a minimum of _____ consecutive weeks with a minimum of one treatment per week. treatments are to be spaced seventy-two hours apart. sessions may range in duration from thirty to ninety minutes per treatment. _____
- be available for follow up examination to include measurements and photographs, three weeks post. _____
- drink a minimum of 32 ounces room temperature water immediately following the treatment and more through the day. _____
- you will **not** be able to drink iced or cold substances for a period of two (2) hours following treatment. _____
- you will **not** be able to submerge or submit your body to any external cooling by water or concentrated fanning (air conditioning) for a period of two (2) hours following treatment. _____
- implement a daily exercise program to last a minimum of 30 minutes at high intensity. _____
- _____ implement of a diet journal to be brought to each session for review with your clinician.

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HEALTH BENIFITS

- increase of arterial circulation and vasodilatation, both which gives rise to increased oxygenation and decreased acidity of tissue
- increased venous drainage with greater re-absorption of catabolites, thus decreasing edema and inflammation
- increase of cellular membrane permeability allowing greater efficiency in metabolite transfer
- stimulation of collagen synthesis.

POSSIBLE SIDE EFFECTS

- Treatment area edema (swelling) usually subsides within one hour of treatment
- Area redness usually subsides within one hour of treatment
- mild flu-like symptoms usually subsiding within 24 hours
- fever
- increase in menses volume (heavier flow) which subsides with that cycle
- extreme hunger
- bruising
- mild dermal burn (1st or 2nd degree no larger than 50 mm round area)
- static shock

PARTICIPANT INFORMED CONSENT VERIFICATION & CONFIRMATION

I have read, or it was ready to me, and understand this entire document. I fully understand the possible risks and benefits.

name (printed) _____

signature of participant _____

date _____

ENVY, *A Medical Day Spa*

Lipo-EXTM
POST TREATMENT

- ❖ NO cold shower 2 hours after treatment
- ❖ NO cold fluids 2 hours after treatment
- ❖ EXERCISE (walking) is recommended (30) at a high intensity.
- ❖ NO alcohol consumption the duration of treatment program.
- ❖ AVOID anti-inflammatory medications for 1 week post treatment
- ❖ A healthy eating plan is strongly recommended
- ❖ AVOID treating same area prior to 72 hours