



COOLSCULPTING TREATMENT CONSENT FORM

The Cool Sculpting procedure is a non-invasive procedure that is intended to change the appearance of the treatment area by delivering controlled cooling at the surface of the skin to break down fat cells that are just beneath the skin. This procedure is not a treatment for obesity or a weight-loss solution. The Cool Sculpting procedure does not replace traditional methods such as diet, exercise or liposuction.

Clinical studies of a treatment site have shown that the Cool Sculpting procedure can break down fat cells to change the appearance of visibly localized bulges of fat that is just beneath the skin on the abdomen, thighs, flanks and sub mental area. The sub mental area is the area under the chin. Following the procedure, the body naturally processes the treated fat cells. Visible results can vary from person to person.

NO RESULTS ARE GUARANTEED

WHAT YOU CAN EXPECT:

Temporary Sensations / Symptoms:

- » The suction pressure of a vacuum applicator may cause sensations of deep pulling, tugging and pinching. A Surface applicator may cause sensations of pressure. You may experience intense cold, stinging, tingling, and aching or cramping as the treatment begins. These sensations generally subside during treatment as the area becomes numb.
- » You may have dizziness, light-headedness, nausea, flushing, sweating, or fainting during or immediately after the treatment.
- » The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur. These are all normal reactions that typically resolve within a few minutes.
- » Bruising, swelling, redness, cramping and pain can occur in the treated area and the treated area may appear red for one to two weeks after treatment.
- » After sub mental area treatment, a feeling of fullness in the back of the throat may occur. Initial if the sub mental area is to be treated. If the area under the chin is not being treated, please write N/A
- » You may feel a dulling of sensation in the treated area that can last for several weeks after the procedure. Prolonged swelling, itching, tingling, numbness, tenderness to the touch, pain in the treated area, cramping, aching, bruising and/or skin sensitivity also have been reported.

Potential Side Effects / Risks

» Paradoxical Hyperplasia -- A small number of patients have experienced gradual development of a firmer enlargement, of varying size and shape, of the treatment area, known as "paradoxical hyperplasia", in the months following the treatment. If such paradoxical hyperplasia occurs, it will be distinguishable from temporary swelling and will probably not resolve on its own. The enlargement/lump can be removed by means of a surgical procedure such as liposuction.

Pain in the Treatment are upto 1 week after Treatment

» Treatment area demarcation – A small number of patients have experienced excessive fat removal in the treatment area, resulting in an unwanted indentation. The indentation may be improved through corrective procedures.

» In rare cases, patients have reported the Cool Sculpting treatment area to have darker skin color, hardness, discrete nodules, frostbite (local injury due to cold), hernia or worsening of existing hernia. Surgical intervention may be required to correct hernia formation.

» Patient experiences may vary. Some patients may experience a delayed onset of the previously mentioned symptoms. Contact your physician immediately if any unusual side effects occur or if symptoms worsen over time. » I understand that these and other unknown side effects may also occur.

Results

You may start to see changes in as early as three weeks after your Cool Sculpting procedure, and will experience the most dramatic results after one to three months. Your body will continue to naturally process the injured fat cells from your body for approximately four months after your procedure.

» Results vary from person to person. You may decide that additional treatments are necessary to achieve your desired outcome. Although highly unlikely, it is possible that you will not experience any noticeable result from the procedure.

Do you currently have or have had any of the following?

» Cryoglobulinemia (a condition in which an abnormal level of proteins thicken the blood in cold temperatures), or paroxysmal cold hemoglobinuria or cold agglutinin disease (blood disorders in which cold temperatures lead to red blood cell death).**Yes / No**

» Known sensitivity to cold such as cold urticaria (hives triggered by cold), Raynaud's disease (disorder in which cold leads to reduced blood flow in the fingers, which appear white, red, or blue), pernio or Chilblains (itchy and/or tender red or purple bumps that occur as a reaction to cold).**Yes / No**

» Poor blood flow in the area to be treated.....**Yes / No**

» Neuropathic (nerve) disorders such as post-herpetic neuralgia or diabetic neuropathy.....**Yes / No**

» Impaired skin sensation**Yes / No**

- » Open or infected woundsYes / No
- » Bleeding disorders or use of blood thinnersYes / 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 or adjacent to treatment siteYes / No
- » Skin conditions such as eczema, dermatitis, or rashes.....Yes / No
- » Pregnancy or lactation (making breast milk or breast feeding)Yes / No
- » Any active implanted devices such as pacemakers and defibrillatorsYes / No
- » Any major health problems such as liver diseaseYes / No
- » Any known sensitivity to isopropyl alcohol (rubbing alcohol) or propylene glycolYes / No

Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all identifying marks will be cropped or removed.

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 the CoolSculpting® procedure by American Laser Med Spa, Dr.Kanase and/or designated staff.

COOLSCULPTING PATIENT PHOTOGRAPHY RELEASE FORM

I authorize American Laser Med Spa, Dr Neel Kanase, MD and his staff representatives, to take photographs of my body for medical purposes to be used for my patient care, marketing, literature and/or case presentations.

I understand that:

Photographs are taken to capture treatment outcomes for the CoolSculpting® procedure.

They may be used for print, visual or electronic media including but not limited to, scientific presentations, websites and for purposes of informing the medical profession or general public about the procedure. These uses may also include marketing on behalf of American Laser Med Spa.

The images taken of me may be published by American Laser Med Spa and its agents.

I will not be identified by name in any of the published materials.

My face will not be shown in the photographs nor will they reveal my identity.

I have the right to revoke this authorization in writing at any time through a written revocation to American Laser Med Spa.

I hereby release American Laser Med Spa and Dr Neel Kanase, MD and its agents from any and all claims and demands arising out of, or in conjunction with, the use of the photographs.

I certify that I have read this release carefully and fully understand its terms. If I have any questions I can contact American Laser Med Spa at www.americanlasermedspa.com or 806-324-3319 or customerservice@americanlaser-medspa.com

If under 18, guardian or parent must sign.

Signature: _____ Date: _____