



PROCEDURE:

The SculpSure™ delivers laser energy to heat the deep layer of fat. The heat that is created damages the fat cells. The damaged fat cells are then eliminated through your lymphatic system.

During the laser delivery the applicators cool the skin throughout the entire treatment. The cooling protects your skin while the energy heats your fat layer. When the treatment begins, it will feel warm, and over time the heat sensation will increase to short periods of intense deep heat. You may also experience some cramping, tingling, prickling or squeezing sensations deep in the fat layer. These sensations are normal and expected. These sensations indicate that the laser is effectively targeting and damaging the fat layer.

- The SculpSure is eye safe. There is no need to wear protective eyewear.
- Your skin may be slightly pink to red immediately after treatment. This may last for a few hours.
- Following the SculpSure treatment, you may experience some swelling, tenderness, firmness or hardness at the treatment site. This usually resolves within 2 weeks but may last longer.
- The treatment areas should be massaged two (2) times a day for five to ten (5-10) minutes. There are no lifestyle restrictions following your SculpSure treatment. It is recommended to increase your water intake after treatment.
- You may use ice packs or Tylenol according to package instructions to help ease tenderness.
- There is no guarantee that the expected or anticipated results will be achieved.

CONSENT FOR PROCEDURE:

- I have been thoroughly and completely advised regarding the end point of the procedure. I understand that the practice of medicine is not an exact science and no results have been guaranteed. I acknowledge that the results may not meet my expectations. I certify that no guarantees have been made by anyone regarding the procedure(s) that I have requested and authorized.

Initial: _____

- I have been informed that firmness, hardness, nodules, redness, tenderness, swelling, pain, and bruising, are the most common side effects. Other less common side effects, which can occur are: itching, skin contour irregularities, dimpling, hyperpigmentation/hypopigmentation, asymmetry, necrosis, changes in skin laxity, numbness, blister or burn. **Initial:** _____

- I consent that I have not had sun exposure within the last 7 days.
Initial: _____
- I consent to photographs and digital images being taken and used to evaluate treatment effectiveness, for medical education, training, professional publications or sale purposes. No photographs or digital images revealing my identity will be used without my written consent. If my identity is not revealed, these photographs and digital images may be used, shared, and displayed publicly for such stated purposes without my permission. **Initial:** _____
- Before and after treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction. **Initial:** _____
- I have read and understand all information presented to me before consenting to treatment. I have had all my questions answered. **Initial:** _____

Signature of Patient

Date

Physician/Staff Signature

Date