



CRYOLIPOLYSIS CONSENT FORM

The Cryolipolysis procedure is a non-invasive treatment that uses a vacuum applicator to draw in tissue and deliver controlled cooling at the surface of the skin. This procedure is for spot reduction of fat and does not replace traditional methods such as liposuction. It should not be used as weight-loss solution.

Someone who is overweight can expect to see less visible improvement than someone who has smaller fat deposits. Clinical studies have shown that Cryolipolysis will naturally remove fat cells however, as with most procedures, visible results will vary from person to person.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

Medical Conditions: _____

Medications: _____

Allergies: _____

Are you pregnant or breastfeeding? Yes No

Have you had any of the following conditions? Check all that apply:

- Cryoglobulinemia or paroxysmal coldhemoglobinuria
- Known sensitivity to cold such as cold urticaria or Raynaud's disease
- Impaired peripheral circulation in the area to be treated
- Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy
- Impaired skin sensation
- Open or infected wounds
- Bleeding disorders or concomitant use of blood thinners
- Recent surgery or scar tissue in the area to be treated
- A hernia or history of hernia in the area to be treated or adjacent to treatment site
- Skin conditions such as eczema, dermatitis, or rashes
- Pregnancy or lactation
- Any active implanted devices such as pacemakers and defibrillators
- Liver or Kidney Disease
- Cancer (Radiotherapy/Chemotherapy)
- Artificial implants
- Undiagnosed swelling or inflammation

Which area/s would you like treated:

Fat thickness	Temperature	Treatment Time
< 20mm	0°C	40 minutes
20mm to 30mm	-2°C	45 minutes
30mm to 50mm	-5°C	60 minutes
50mm to 60mm	-7°C	60 minutes
> 60mm	-8°C	60 minutes

MEASUREMENTS

I understand the nature of the procedure/s.

I confirm that all risks and benefits of the procedure/s have been explained to me and are fully understood by myself.

I acknowledge that I have been advised of the risks of this procedure/s.

I am aware that the procedure/s is not an exact science and that the results cannot be guaranteed.

No such guarantee has been given to me as to the results of this procedure/s.

I consent that I do not suffer from any of the contraindications listed for this procedure/s.

I certify that I am at least 18 years old or I have parental consent co-signed below.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

I certify that that I have read, and fully understand the information given to me, and that I have had sufficient opportunity for discussion and to ask questions.

I consent to this procedure/s today and for all subsequent treatments.

I give my permission for my photos to be used as demonstration for results, ensuring patient confidentiality is maintained.

What can you Expect:

Please put your initials inside the box.

- 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, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb.

- You may start to see changes in as early as three weeks after your fat freezing treatment, 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.

- Additional treatments may be needed to reach your desired outcome.

- In rare cases, patients have reported darker skin colour, hardness, discrete nodules, freeze burn, enlargement of the treated area, hernia or worsening of existing hernia following the fat freezing treatment. Surgical intervention may be required to correct tissue enlargement or hernia formation. I understand that these and other unknown side effects may also occur and will not hold BodiSnatcher Studio LLC or any of its staff members liable.

By my signature below, I agree that there will be absolutely NO REFUNDS and I will not hold BodiSnatcher Studio LLC responsible for any side effects I may experience from this aesthetic procedure. I understand that all results are dependent on the individual and BodiSnatcher Studio LLC does not guarantee any results.

Client Name (Printed) : _____

Client's Signature: _____

Date: _____