



My- Lipo (Infrared Laser) Body Sculpting System

Client Information

Name: Last name: Date:
Date of Birth (mm/dd/yy) Sex: male female
Mailing Address:
City: State Postal Code:
Phone #: (C) (H)
E-mail address (Please print):
Package pricing is non-refundable

Haute Skin Spa & Tanning My-Lipo Laser is a new and innovative technology that has been approved for spot fat reduction and body contouring in the U.S., Canada and Europe.

The My-Lipo Laser is one of the tools that we can use to help you reach your goals. The advantage of this technology lies in the fact that we can specifically target a trouble area.

A reduced calorie diet and an exercise program that will help to burn approximately 350-500 calories post treatment are ideal. Individual results may vary and it is the responsibility of the client to ensure they are doing the appropriate home care to ensure maximum results.

I confirm the following:

- I am over the age of 18
I have no known liver or kidney disorders
I am not pregnant or lactating
I do not have epilepsy
I have no known thyroid gland dysfunctions
I do not have a pacemaker
I do not have Herpes Simplex
I do not have a compromised immune system
I do not have uncontrolled Hypertension
I do not have cancer or a history of cancer
I have no known photosensitivity to sun exposure
I am not taking medications that cause photosensitivity

Recommended Option: Photographs are encouraged, but not required to track progress. An Haute Associate can assist with photographs if needed. A tape measure is available and it is encouraged that each client measures the treatment area before and after each session to track progress.

**Limitation to Treatment:**

\_\_\_\_\_ I understand there are no guarantees as to the results of this treatment

\_\_\_\_\_ I understand that to achieve maximum results, I may require several treatments

\_\_\_\_\_ To achieve optimum results, I understand that an appropriate diet and regular exercise will assist to sustain and create an accumulative degree of overall spot fat reduction and body contouring

**Risk:**

I have been informed and I understand the temporary hyperpigmentation / hypopigmentation on rare occasion may occur as a result of treatment. I hereby certify that all information that I have provided has been accurate and truthful.

I hereby authorize Haute Skin Spa & Tanning to perform the My-Lipo Laser procedure for the purpose of aesthetic body contouring and girth \_\_\_\_\_(initials).

**Client Agreement:**

I, \_\_\_\_\_, understand in signing this agreement that I am beginning a series of treatments to help reach my goals of body contouring and spot fat reduction. I understand that individual results may vary and that I must commit to changing the dietary and lifestyle factors necessary to achieve optimal results. I understand that the first step to a positive change is creating awareness about the steps necessary to reach these goals, and will work diligently to ensure success.

I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I realize there may be pre-existing medical conditions that can preclude me from seeing optimal results. By signing this agreement I release the Spa/Salon, manufacturer and distributors from any liability regarding this treatment and do so understanding that results can vary from one individual to the next.

I have read and fully understand this consent form and understand I should not sign this form if all items have not been explained to me. My questions have been answered to my complete satisfaction. I have been given all the time I need to read and understand this form.

If you have any questions regarding the risks or hazards of the proposed treatment, or any questions what so ever concerning the proposed treatment or other possible treatments, ask your doctor before signing this consent form.

**Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

## CLIENT CONSENT FOR TREATMENT

This is an important decision towards improving your wellness and overall lifestyle. We share the mutual desire of you reaching all of your wellness goals involving the My-Lipo Laser. In order for you to reach these goals, we have provided a few points to educate you on achieving your best results. It is important to manage your expectations according to an appropriate diet, lifestyle and exercise program incorporated in conjunction with your My-Lipo Laser treatment protocol.

Ensure your best results

- Avoid consuming large quantities of water prior to treatment(s)
- Don't eat 2-4 hours prior to treatment(s)
- Drink plenty of water after every treatment
- Incorporate Vivo Vibe Wellness (Whole Body Vibration) post treatment for 10 minutes or ensure you undertake physical activity following each treatment to maximize your results
- Manage caloric intake; excess calories will counteract the laser treatments
- Alcoholic beverages and high sugar content drinks must be avoided before and after treatment(s)

My signature herein constitutes my acknowledgment that I am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I:

- Have read and understand the information provided in this form;
- Have had my procedure adequately explained to me by a Salon Associate;
- Have the opportunity to ask questions, and all of my questions have been answered to my satisfaction;
- Have received all of the information I desire concerning my procedure;
- Understand all post treatment recommendations and agree to adhere to them;
- Freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure;
- Have the right to consent to or refuse any proposed procedure at any time prior to its performance;
- Must notify the Spa Associate or Manager if my medical history changes prior to subsequent treatments;
- Have been notified of the option to take photographs of the treatment area;

I, \_\_\_\_\_ consent to, and authorize Haute Skin Spa & Tanning to perform the laser treatment for the area of \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*100% certainty of success cannot be assured as with any medical procedure. It is also important to note that in the vast majority of cases, supported by clinical studies, patients achieve results. Results may vary and therefore not meet expectations of all clients completing a full series of treatments.*

## My-Lipo Laser Consent and Release Form

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (DOB) \_\_\_\_\_

### A. Program and Background

You have requested to be treated with the My-Lipo Laser therapy provided by Haute Skin Spa & Tanning. This treatment is the application of a 635nm low intensity laser, which has shown through extensive research to cause the fat within the adipocyte (fat cell) to leave the cell and accumulate in the interstitial space around the cells. In contrast to high-power, high heat lasers that are used in various medical procedures, the low level laser used for this treatment has no thermal effect on tissue. Instead, the non-invasive laser helps the body absorb fat by stimulating its biological function. Excess fat is then removed naturally by the body's lymphatic system and subsequently excreted without the negative side effects and downtime associated with more invasive procedures such as liposuction.

This therapy has been tested in several institutional review board approved studies in a double blind; placebo controlled fashion and found to be generally effective. Any medical or cosmetic procedure carries risk, complications and carries results as to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its risks in advanced so that you can decide whether to move forward with the procedure.

Non-invasive low level laser therapy has been approved by the FDA.

### B. Procedure

You may consult with your physician to determine if you are a candidate for low level laser therapy. During this time period you will also have the opportunity to ask questions or voice concerns you may have concerning this treatment with an Haute Associate/Manager. If it is determined you are a candidate for this procedure, there will be a few preliminary steps consisting of: paperwork, and optional, but recommended measurements. Proceeding, the candidate will be informed on how to operate the My-Lipo system. From here the treatment will be administered by placing up to eight 635nm low level laser paddles on the desired area(s) to be treated.

It is recommended that the candidate could need a minimum of six treatments for the low level laser to achieve its potential effect. This treatment should be used in conjunction with a healthy diet and exercise. If you are not currently exercising you should consult a health care professional before beginning an exercise program to determine if your body is physically able.

### C. Risks/Discomfort

There are few risks associated with low level laser therapy. During treatment no discomfort will be present, the patient will not feel the laser however, the light will be visible. The My-Lipo Laser paddles will produce heat during treatment. If discomfort occurs, please stop your session and talk to an Haute Associate/Manager immediately. Hyperpigmentation or Hypopigmentation may temporarily be visible after a treatment. This is not permanent and will dissipate within a few hours if it occurs.

\*Please inform us if you think you are pregnant, or are unsure if you may be pregnant, as My-Lipo is not recommended for pregnant or nursing women. Although no known detrimental risks exist, potential unknown risks may exist. If you have a pacemaker, this treatment may not be right for you. It is recommended that one does not treat directly over a pacemaker or its lead wires. No known risks exist, however potential unknown risks may exist. There are also a variety of other conditions for the treatment. It is possible that you may see any improvement in your body shape or it may get worse if you have pre-existing medical conditions that are not being treated or are ignored.

### D. Benefits

Over the years the benefits of low-level laser therapy have become more prominent. Low-level laser therapy has been used by chiropractors for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval. The potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, flanks, and thighs. In clinical trials patients have averaged 4.5

inches lost from there stomach, hips, and thighs. These results do vary and no guarantee is implied or suggested that desired results will be achieved.

**E. Alternatives**

This is a strictly voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in sensitivity, effect, duration, and invasiveness include: Liposuction, mesotherapy, lipodissolve, velasmooth, dieting, exercise and potential others; which may have their own risks and benefits. You acknowledge this, and realize that the other option to you is do nothing.

**F. Questions**

By signing below, you certify that this procedure has been explained to you and your satisfaction. Any further questions can be directed to Haute Skin Spa & Tanning Management.

**G. Consent**

I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority for Haute Skin Spa & Tanning to perform the described treatment or administer any related treatment as deemed necessary or advisable for my medical condition. The purpose of this procedure, risks, complications, alternative methods of treatment have been fully explained to my satisfaction.

Cosmetic indications for these procedures include but are not limited to cellulite reduction, treatment of problem fat areas, skin tightening and skin rejuvenation. You may experience increased redness to the area for up to 12 hours. You will be able to return to most normal activities following the treatment.

I have been informed of the potential risks and side effects of the My-Lipo Laser including but not limited to redness, swelling, heat sensitivity, pain, increase bowel movements, increased urination, increased menstrual flow and flu like symptoms, the nature of the proposed procedure. The risks, potential damages and adverse side effects have been explained to me and I fully understand.

\_\_\_\_\_ **Initial**

I understand that a minimum of 6 treatments is required to achieve full results. At that point I will be re-evaluated to see if more sessions are needed in order to achieve realistic goals. Patients who are extremely thin may require fewer treatments, while heavier patients may require more. I understand the treatment is most successful if I also maintain a healthy diet and commit to an exercise program. I know that if after the treatment course I gain weight, the results of the My-Lipo laser may be reversed.

\_\_\_\_\_ **Initial**

No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this information consent and verify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure.

If at any time during the laser Lipo procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/ or terminate the session at my discretion.

The undersigned assumes all responsibility for behavior of self and their clients and agrees to abide by all Rules and Procedures of the property.

Clients are responsible for the completion and timely return of any client forms and payments, including but not limited to new client intake forms.

The clients and all persons on the premises by invitation of the clients hereby hold Haute Skin Spa & Tanning, its employees, the corporation or any individual connected in any way to Haute Skin Spa & Tanning, harmless for any responsibility or liability for any accident, injury illness or damages sustained by or to any person or their personal –property during the treatment appointments or use of facilities. Haute Skin Spa & Tanning shall be indemnified and held harmless by the clients, and clients agree to pay all costs

incurred in connection with any accident, injury illness or property damage loss, including attorney's fee, regardless of how it may have occurred.

The undersigned hereby releases and indemnifies Haute Skin Spa & Tanning and holds harmless any employee, the corporation or any individual connected in any way to Haute Skin Spa & Tanning for any loss of personal property and/ or accident causing personal injury of any nature, including reasonable attorney's fees and court costs with connection therewith.

However, in the event of an occurrence, the client should inform our team members who will do everything within reason to rectify the problem.

All information regarding the procedure is checked to ensure the accuracy of descriptions. However, we are not always able to control all of the components of the facility, city power outages, etc., and it is possible that an appointment time or procedure may become unavailable due to circumstances beyond our control and for which we do not accept liability.

I further state that I am of lawful age and legally competent to sign the aforementioned release; I understand the terms herein is contractual and not a mere recital; I have signed this document of my own free act.

At Haute Skin Spa & Tanning we place the highest priority on the client's right to privacy. We recognize the added sensitivities for client's receiving body sculpting therapy. Our office staff is trained to protect our private health information, and our waiting areas are intentionally shielded and discrete.

We value your privacy, and are committed to maintaining your security and confidentiality in the use of any information you choose to share with us. We do not disclose identifiable information to any third party without your consent. Further, we do not sell, rent or otherwise allow the unauthorized outside use of personal information such as names, addresses, phone numbers, or e-mail addresses in our database without your permission.

Copies of this form and signature will be valid as if original if this is digitally scanned.

#### REFUND POLICY

If you purchase additional My-Lipo Laser treatment(s) and do not wish to use your purchase, we will gladly give you a refund of your purchase price minus a processing fee of \$35.00.

Haute Skin Spa & Tanning Associate:

I have explained the procedure, alternatives, and risks to the person or persons whose signature is affixed below. The patient has verbally communicated to me that they understand the contents of the form.

\_\_\_\_\_  
Signature of Haute Skin Spa & Tanning Associate

\_\_\_\_\_  
Date

#### Patient Certification

By signing below I state that I am 18 years of age or older or otherwise have authorized to Consent the above information. I have read or have had explained to me the contents of this form. I understand that information on this form and give my consent to what has been explained to me.

I authorize Haute Skin Spa & Tanning to perform my treatment:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_