



LASER LIPOLYSIS PATIENT CONSENT FORM

Name: _____ Date: _____

Address: _____

Phone Number: _____ Email Address: _____

CLIENT NAME: _____ I duly authorize the technicians of **Slender Body & Mind** to perform the Laser-Lipolysis procedure for the purpose of fat spot reduction and skin tightening. I am aware that clinical results may vary depending on individual factors, including medical history, patient compliance with pre/post treatment instructions, and individual response to treatment. I have been made aware that my diet and the amount of exercise I do, will have a major effect on the results of my treatments. If I do not make an effort to address my dietary and exercise, I am aware that the results achieved may not be retained. I understand that treatment by the Laser-Lipolysis machine involves a course of treatments. The fee structure has been fully explained and I understand that I am required to pay for a course of treatments, prior to any procedures taking place. I am fully aware that should I wish to cancel the course the outstanding treatment value is non-refundable.

Due to the demand for treatments, we schedule all appointments following the initial consultation. ***Please be aware that all cancellations require a minimum of 24hrs notice. Failure to do so will result in that treatment being deducted from your course without a refund.*** It is important to be aware that this may have a negative effect on your overall results. Any changes to the initial treatment dates will be subject to availability.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of a cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I understand that it is my personal responsibility to inform the clinician of any changes to my medical history during the course of Laser-Lipolysis treatment sessions and I confirm that should this occur I shall advise the clinician of any changes I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

Client Signature: _____ Date: _____

Licensed Master Esthetician: _____ Date: _____