

# pelle — spa

## Informed consent for CoolSculpting

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

The CoolSculpting procedure uses a non-invasive vacuum applicator to draw in tissue or a non-invasive surface applicator to deliver controlled cooling at the surface of the skin to break down fat cells that are just beneath the skin. The procedure is for spot reduction of fat and is not a treatment for obesity or a 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 the CoolSculpting 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 (love handles), arms, and submental (chin) area. Following the procedure, the treated fat cells are naturally processed by the body. As with most procedures, visible results will vary from person to person.

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. The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur. You may feel a sense of nausea or dizziness as your body naturally warms and sensation returns to your treatment area. These are all normal reactions that typically resolve within minutes. Bruising, swelling, redness, and tenderness can occur in the treated area and it may appear red for a few hours up to two weeks after treatment. After submental area treatment, a feeling of fullness in the back of the throat may occur. You may feel a dulling of sensation in the treated area that can last for several weeks after your procedure. Other changes – including prolonged swelling, bruising, deep itching, tingling, numbness, tenderness to the touch, pain in the treated area, strong cramping, muscle spasms, aching and/or soreness – also have been reported after a CoolSculpting procedure.

In rare cases, patients have experienced vasovagal symptoms during the treatment, and reported freeze burn, darker skin color, hardness, discrete nodules or enlargement of the treatment area. Surgical intervention may be required to correct the enlargement. Treatment may cause new hernia formation or exacerbate pre-existing hernia, which may require surgical repair. A small number of patients have experienced gradual development of a firmer enlargement, of varying shape, of the treatment area, known as "paradoxical hyperplasia," in the months following the treatment. If such occurs, it will be distinguishable from temporary swelling and will probably not resolve on its own. The enlargement can be removed surgically. A small number of patients have experienced excessive fat removal in the treatment area, resulting in an unwanted indentation. This can be improved through corrective procedures. Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. Contact us immediately if any unusual side effects occur or if symptoms worsen over time. You may start to see changes as early as 3 weeks after your procedure, and the most dramatic results will appear after one to three months. Your body will continue naturally to process the injured fat cells from your body for approximately four months after your procedure. You may need additional treatments to reach your desired outcome.

Do you have any of the following?

Cryoglobulinemia or paroxysmal cold hemoglobinuria

Diabetic neuropathy

- Sensitivity to cold such as cold urticaria or Raynaud's disease
- Impaired circulation/blood flow in the area to be treated
- Neuropathic disorders such as post-herpetic neuralgia
- Recent surgery or scar tissue in the area to be treated
- A hernia, or history of, in or near the area to be treated
- Sensitivity to isopropyl alcohol or propylene glycol
- Active implanted devices such as pacemakers and defibrillators
- Impaired skin sensation
- Open or infected wounds
- Pregnancy or lactation
- Bleeding disorders or use of blood thinners
- Major health problems such as liver disease
- Skin conditions: eczema, dermatitis, rash

My questions have been fully answered and I have read or have had read to me this document, have not taken any medications which may impair my mental ability, do not feel rushed or under pressure and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that cancellations must be made prior to appointments. I understand I must cancel 24 hours prior to my scheduled appointment or I will be charged \$25.00 for every missed appointment.

I give permission for photographs taken of all treated sites to be used for the medical record, and anonymously for teaching, illustration in scientific papers or for marketing and/or literature.

I agree to follow up at recommended intervals to assess my status and to inform Pelle Spa, LLC of any problems that I may be having and allow examination at that time.

I have been given and have read and understand the pre- and post-care instructions

I am aware that it is my responsibility to inform Pelle Spa providers of my current medical conditions. I agree to abide by the above policy statements. I understand that, as with any cosmetic procedure, individual results may vary and that NO refunds will be given. I understand that if I am dissatisfied with the results of the services rendered that I am not entitled to a refund. I understand that as a valued customer of Pelle Spa, that I may contact them to determine if there is a remedy for my dissatisfaction. If I choose not to allow Pelle Spa to remedy the issue, or if I choose to allow Pelle Spa to remedy and I am still dissatisfied, that I am not entitled to a refund. I hereby release the technician performing the procedure, Pelle Laser Spa, LLC and Annette Randlemon, CNP from all liabilities associated with any and all of the above indicated procedures.

A NON-REFUNDABLE scheduling fee of \$500 is due the day you schedule procedure and will be applied to your total.

**Signature**

----- Date -----

**Signature of Parent/Guardian (if patient is under 18)**

----- Date -----

**Provider Name and Signature**

----- Date -----

\*This consent is good for one year.