

# MESOTHERAPY CONSENT FORM

I, \_\_\_\_\_, voluntarily consent to undergo Mesotherapy treatments provided by \_\_\_\_\_ or other licensed doctors, nurses, or qualified staff members employed by the practice.

I understand that Mesotherapy can be used for many conditions and I want to have treatment for the following:

- Localized Fat Reduction - Area/s \_\_\_\_\_
- Cellulite Treatment - Area/s \_\_\_\_\_
- MesoLift - Area/s \_\_\_\_\_
- MesoGlow - Area/s \_\_\_\_\_
- Mesotherapy for pain- Area/s \_\_\_\_\_

I hereby consent to the Mesotherapy treatment of which I understand that more than one (1) treatment is required. I understand that the treatment requires many small injections around the area(s) to be treated. I understand that the administration of topical anesthesia may be used if deemed needed.

I understand that the benefits with Mesotherapy will vary but may include: a decrease of cellulite, an increase of skin tone, a decrease of wrinkles and may eliminate or decrease pain.

I understand that there are alternative treatments available for the reduction of fat, wrinkles, cellulite and pain. The following are a list of alternative treatments available. However, this list is not in any way considered inclusive of all other available treatments.

- Face Lifts - Dermabrasion - Facial Peels - Liposuction - Endermologie - Prolotherapy - Pain Medications
- Nerve Blocks - Cortisone Injections

I understand that there are some risks with any procedure. Complications of Mesotherapy are rare and usually self -limited, but include the following:

1. **Discomfort:** Medication is injected with tiny needles just below the skin. There may be brief minimal discomfort from the injections.
2. **Bruising:** Occasionally the needle may puncture a small blood vessel resulting in a bruise.
3. **Swelling and Redness:** This may result following the procedure as the medication begins to work.
4. **Scarring:** Scarring may result from multiple injections, but this is very unlikely.
5. **Allergic Reaction:** Although exceedingly rare, the possibility exists of an allergic reaction to the injection of Mesotherapy medications
6. **Infection:** Since Mesotherapy treatment involves injections, there is a theoretical risk of developing an infection at the injection site. This is also exceedingly rare.
7. **Discoloration:** Transient or permanent skin pigmentation changes can sometimes occur at injection sites.

By my signature, I acknowledge that I have been informed about the above procedure and the medications and give consent to its use in my treatment.

1. I have met with the Doctor who is overseeing my treatment and have discussed all treatment options available to me.
2. The Doctor has informed me and I understand that the result of Mesotherapy are individual and vary depending on the area treated, skin type and the injection technique, and the use of different products. Therefore, no guarantee can be made as to the results of my treatment.
3. I understand that the effects of the treatment with these products can last on average, 3 or more month with complete treatment, but that in some cases duration of the effects can be shorter or longer. Touch up and follow up treatments may be needed to sustain the desired degree of my treatment.
4. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.
5. I understand that this treatment is strictly for cosmetic purposes and will not be covered by insurance.
6. I understand that I am responsible for all costs payable at the time of service.

By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_