

Patient Consent Form for H2O Skin and Body

Name _____ Date _____

Date of Birth _____ Pregnant _____ Yes _____ No _____ N/A

Chief Complaint _____

Allergies _____

Chief Complaint _____

I hereby authorize and direct any associates or assistants of H2O Skin and Body to perform treatment on me.

If you are not sure whether or not you have any of the conditions or fall into any of the categories below, be sure to ask your nurse/physician to clarify the answer for you before signing this Consent.

ALTERNATIVE TREATMENT

Alternative forms of management of the condition or conditions being treated may include diet and exercise regimens which may be of benefit in the overall appearance of cellulite, and both over-the-counter and prescription drugs, as well as mild heat therapy and certain types of physical therapy or massage, which may provide temporary relief of minor muscle aches and pains, muscle spasms, and joint contractures, and temporarily improve local blood circulation. Certain of these conditions may be relieved or improved through surgery, which carries with it risks and potential complications. An alternative you should consider is to have no treatment at all.

RISKS AND SIDE EFFECTS

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. Majority of patients do not experience these complications, you should discuss each of them with your clinician to make sure you understand the risks, potential complications, and consequences of treatment.

Allergic Reactions: Rarely, local allergies to certain fragrances in oil used on your skin during the treatment may trigger an allergic reaction.

Asymmetry: Due to factors such as skin tone, appearance of cellulite, and muscle tone, which can contribute to normal asymmetry in body features, it may not be possible to achieve symmetrical body appearance.

Change in Skin and Skin Sensation: A temporary decrease in skin sensation may occur following treatment, which usually resolves over a period of time. Diminished or complete loss of skin sensation that does not totally resolve could potentially occur, as it infrequently has if treatment is carried out in conjunction with lipoplasty surgery.

Chronic Pain: Chronic pain and discomfort following treatment with is unusual.

Infection: Infection is unusual. Should an infection occur, treatment including antibiotics or may be necessary.

Long-term Effects: Subsequent alterations in body contour may occur as a result of aging, weight loss or gain, pregnancy, or other circumstances.

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The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, scarring, blistering and pigment changes.
- Photographs will be taken and may be used for educational purposes.

ACKNOWLEDGMENTS

I understand and acknowledge that payments for all procedures are non-refundable.

By my signature below, I certify that I have read and fully understand the contents of this permission form for H2O Skin and Body, and that the disclosures referred to herein were made to me.

Patient Signature _____ Date _____

RN Signature _____ Date _____

MD/NP Signature _____ Date _____