

I understand that the Cavi-lipo device used during the procedure uses high frequency ultrasound and that results may vary client to client. I understand that there is a possibility of short-term effects such as reddening, blistering, scabbing, temporary bruising, temporary discoloration of the skin, severe headache or nausea and that these have been fully explained to me.

Results may vary depending on individual factors including medical history, skin type, patient compliance with pre/post treatment instructions and individual responses to treatments. I understand that body sculpting with ultrasound is as safe alternative to other methods used. I understand that treatment by Cavi-lipo involves a series of treatments and the fee structure has been fully explained to me and because of the individual nature of the treatment we cannot offer refunds but will make every effort to insure the best possible results and outcome for clients.

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

I confirm that:

- I am not pregnant at this time
- I do not have a pace-maker or other electronic implants
- I do not have a heart transplant, disorder or disease.
- I do not have Acute Inflammation.
- I do not have High Blood Pressure.
- I do not have a Neurological disorder.
- I do not have any Kidney (Renal) disorder.
- I do not have any Liver dysfunction.
- I do not have High levels of Triglycerides (hereditary).
- I do not have a serious infectious disease.
- I do not have any medical condition that could have any adverse effect from this treatment.
- I am 18 years or older

I consent to the taking of photographs and authorize their anonymous use for the purpose of tracking program results, research, education and promotion.

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 _____

Print Name _____

Technician Signature _____ Date _____