**Fat Lipolysis** consent Form

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| Full Name | Client ID (to be filled by staff) |
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I hereby authorize Dr. to perform Fat Lipolysis injection treatments and any other measures which, in their opinion, may be necessary.

I understand that this procedure involves using many small injections around the areas to be treated, and I understand that more than one (1) treatment is required. The following points have been discussed with me**:**

# Potential benefits of the proposed procedures

(Including, but not limited to: Fat reduction in treatment areas and skin improvement)

* There is no downtime, but patients may experience swelling, bruising, pain, redness and feel areas of hardness that typically soften with time.
* Probability of success. The clinical evolution of Fat Lipolysis Injection Treatment suggests that most clients achieve their goal in the treated area after 4-6 sessions. A small percentage of clients may require more than the average number treatments. In order to obtain faster and better results, it is suggested to follow certain instructions given by the physician and sometimes to combine with other procedures.

I am aware of the following possible experience with Fat Lipolysis Injection Treatment:

# Discomfort:

minimal pain may be experienced during Fat Lipolysis treatment due to actual injection and some medications cause burning section over the affected area Bruising/ Redness/ Swelling/ Inflammation/ Infection: Bruising of the area treated may occur. Additionally, there may be some swelling noted, especially after treatment puffiness. Finally, although exceedingly rare, skin infection is a possibility, whenever a skin procedure is performed. Swelling and Redness may occur as the medication starts to work.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible risks. I understand that the effects of the treatment are individual and vary depending on the area treated, skin type and use of different techniques and products.

I am aware that no guarantee can be given as to the final obtained result. I confirm that I am not pregnant, nor breast feeding, nor suffering any other medical condition. I am fully aware that my condition is of cosmetic concern and the decision to undergo treatment is based solely on my expressed wish to do so.

I understand and acknowledge that the payments for this procedure are non-refundable.

By my signature below, I certify that I have read and fully understand the contents of this consent form for Fat Lipolysis treatment and that the disclosures herein were made to me.

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| Patient's Signature  (Guardian if below 18 years old) | Date | Assistant Name & Signature | MD Name and Signature |
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Feel free to visit, call or email us

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