



ABSOLUTE COSMETIC MEDICINE

CoolSculpt Consent

What to Expect During Your CoolSculpt Procedure

- No general/topical anesthesia or pain medication is needed.
- Applicator cup uses gentle vacuum pressure to draw tissue between the cooling panels.
- You may feel a pulling sensation caused by the vacuum pressure in the area being treated.
- The duration of the procedure is from 1 to 2 hours depending on the number of placements.
- The procedure is comfortable and you may like to read a book, listen to music, or simply relax.

What to Expect Immediately After the Procedure

- There is no recovery time. You may resume normal activities following the procedure.
- Skin tissue in the treated area may look or feel stiff immediately after the procedure. This is normal and dissipates within minutes.
- The treated area will be reddened for approximately 20 minutes after the applicator is removed.
- Vacuum can cause bruising and tenderness to the touch. This typically resolves within a few weeks.
- You may feel a temporary dulling of sensation or numbness in the treated area. This is normal and will resolve within a few hours up until eight weeks after your procedure.

What to Expect Days and Weeks After the Procedure

- Some patients experience more persistent redness that improves after a few days. Call us on 9389 9099 if you have pain, swelling or redness that is worsening over time or that lasts more than two weeks.
- It is common for the treated area to bruise, which may last for a few weeks. Contact us if the bruising lasts longer than four weeks or if the bruise appears to be worsening after two weeks.
- During the two weeks following your procedure you may experience one or more of the following sensations – tingling, tenderness, cramping and/or soreness. Consult us if these conditions persist beyond two weeks or are worsening over time.
- You may experience a temporary dulling of sensation or numbness in the treated area for up to eight weeks.

My signature below constitutes my acknowledgement that I, _____, (Please Print Name)

am a competent, consenting adult of at least 18 years of age (or my parent or legal guardian is giving consent on my behalf), and further, that I:

- Have read and understood the information provided in this form; Initial: _____
- Have had my procedure adequately explained to me by my clinician; Initial: _____
- Have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction; Initial: _____
- Have received all of the information I desire concerning my procedure; Initial: _____



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- Consent to photographs of the procedure area; Initial: _____
- Consent to my photos being used at the discretion of the clinic; Initial: _____
- Understand all post-procedure recommendations and agree to adhere to them; Initial: _____
- Freely assume any risks of complications or injury from known or unknown causes associated with, relating to, or otherwise arising out of this procedure at any time prior to its performance; Initial: _____
- Must notify the clinician if my medical history changes prior to subsequent treatments; Initial: _____
- Consent to, and authorize _____ to perform the Procedure

Signature (Patient, or if under 18, Signature of Parent/Guardian)

Date

Printed Name of Signatory: _____

If signed by other than patient, indicate relationship: _____