



ABSOLUTE
COSMETIC MEDICINE

COOLSCULPTING® CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

The CoolSculpting® procedure uses a non-invasive vacuum applicator to draw in tissue and deliver controlled cooling at the surface of the skin. The procedure is for spot reduction of fat. It is not a weight loss solution and it does not replace traditional methods such as liposuction. Someone who is overweight can expect to see less visible improvement than someone who has smaller fat deposits. Clinical studies have shown CoolSculpting® will naturally remove fat cells, but, as with most procedures, visible results will vary from person to person.

Initial _____

WHAT YOU CAN EXPECT:

- The suction pressure may cause sensations of deep pulling, tugging and pinching. You may experience intense stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb.

Initial _____

- The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur. You may feel a sense of nausea or dizziness as your body naturally warms and sensation returns to your treatment area. These are all normal reactions that typically resolve within minutes.

Initial _____

- Bruising, swelling and tenderness can occur in the treated area and it may appear red for a few hours after the applicator is removed.

Initial _____

- You may feel a dulling of sensation in the treated area that can last for several weeks after your procedure. Other changes - including deep itching, tingling, numbness, tenderness to the touch, pain in the treated area, strong cramping, muscle spasms, aching and/or soreness - have also been reported after a CoolSculpting® treatment.

Initial _____

- Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. Contact us immediately if any unusual side effects occur or if symptoms worsen over time.

Initial _____

- You may start to see changes as early as three weeks after CoolSculpting®, and you will experience the most dramatic results after 1-3 months. Your body will continue to process the injured fat cells from your body naturally for approximately four months after your procedure.

Initial _____

- You may decide that additional treatments are needed to reach your desired outcome. You may also need skin tightening.

Initial _____

- In rare cases, patients have reported hardness, discrete nodules or enlargement of the treatment area. I understand that these and other unknown side effects may also occur.

Initial _____



ABSOLUTE
COSMETIC MEDICINE

COOLSCULPTING® CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

DO YOU HAVE ANY OF THE FOLLOWING?:

- Cryoglobulinemia or paroxysmal cold hemoglobinuria _____ Yes / No
- Known sensitivity to cold, such as cold urticaria or Raynaud's disease _____ Yes / No
- Impaired peripheral circulation in the area to be treated _____ Yes / No
- Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy _____ Yes / No
- Impaired skin sensation _____ Yes / No
- Open or infected wounds _____ Yes / No
- Bleeding disorders or concomitant use of blood thinners _____ Yes / No
- Recent surgery or scar tissue in the area to be treated _____ Yes / No
- A hernia or history of hernia in the area to be treated _____ Yes / No
- Skin conditions such as eczema, dermatitis or rashes _____ Yes / No
- Pregnancy or lactation _____ Yes / No
- Any active implanted devices such as pacemakers or defibrillators _____ Yes / No

CoolSculpting® is a registered trademark and the CoolSculpting® logo and the snowflake design are trademarks of ZELTIQ Aesthetics, Inc © 2012. All rights reserved. The products described in this document may be covered by U.S. Patent 7,367,341. Other patents and patent applications pending worldwide. IC0326-C

Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all identifying marks will be cropped or removed. These will not be released. Taking your own photographic record is allowed.

Initial _____

As with most medical procedures, there are risks and side effects. These have been explained to me in detail. I have read the above information, and I give my consent to be treated with CoolSculpting® by Dr. _____ and [his / her] designated staff.

Print Name: _____

Client Signature: _____

Date: _____

Witness: _____

Date: _____

I cannot dispute what I have read, agreed to and signed above . If I do then I agree to pay all costs incurred by ACM if I breach this agreement.

I agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy.

I understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records.
(please initial) _____