



Zen Retreat

Consent form Cavi-Lipo Treatment

346 Franklin Ave. Franklin Square NY 11010 | (516)543-4044 | www.zenretreatspa.com

Name: _____ Occupation: _____

Address: _____

Phone #: _____ Age: _____ DOB: _____

Height: _____ Weight: _____ Are You pregnant? Yes ___ No ___ If Yes **STOP!**

Treatment Area(s): _____

The purpose of this procedure is to diminish the appearance of cellulite in the areas indicated above. The procedure requires more than one treatment and may produce some reduction in the appearance of cellulite. The total number of treatments will vary between individuals. On occasion, there are clients that do not respond to treatments, so the outcome cannot be guaranteed. Alternative methods are available from dermatologists or plastic surgeons. There are no risk of scarring. Short term effects may include reddening, Hyper-pigmentation (browning) and Hypo-pigmentation (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change. Infection: Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation. Occasionally, unforeseen mechanical problems may occur, and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival to the spa. Please be understanding if we cause you any inconvenience.

WARNING:

****THIS PROCEDURE IS NOT SUITABLE IF YOU HAVE THE FOLLOWING****

Pregnant or breastfeeding, heart problems, diseases or pacemaker, high blood pressure, cancer, kidney damage, liver damage, diseases or problems., acute inflammatory processes, hemorrhagic disease, trauma or bleeding, medical plastic parts or parts with metal inside, abnormal immune system, numb or insensitive to heat. Please note any other conditions which may hinder you from receiving this treatment related to or otherwise stated above:

Please be advised: no refunds are made for products, service packages and pre-paid treatments once they are purchased.

ACKNOWLEDGMENT:

My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release Zen Retreat Spa Inc. facility and staff from all liabilities associated with the above indicated procedure.

Client Signature: _____ Date_____