

Informed Consent for Lipodissolve

Lipodissolve is an injection technique which promotes fat cell necrosis (death) leading to a localized inflammatory response. Lipodissolve uses a formulation of phosphatidylcholine & deoxycholic acid injected approximately 6-13 millimeters into the sub dermal reserve fat layer. Lipodissolve is used for cosmetic purposes such as spot fat reduction or excess sub dermal fat of the face (eye pads, naso-labial folds, jowls, and neck), and on the rest of the body (stomach, love handles, bra line).

I have been informed of the possible risks and side effects of lipodissolve including but not limited to bruising, irritation, discomfort, and bleeding at the site. Rare but reported risks include infection and allergic reaction manifested as redness, swelling, and discomfort at the injected sites. I understand the nature of the proposed procedure and the risks and damages have been explained to me. I also understand that I may terminate treatment at any time.

I understand that there have been no warranties, assurances, or guarantees of successful treatment made to me. I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through my conversation with my treating physician and through materials provided to me by the office to educate me about the treatment. I understand that the treatment is most successful when combined with diet and exercise. I acknowledge that I have had the opportunity ask any questions of my physician with respect to the proposed therapy and the procedure to be utilized and all of my questions have been answered to my full satisfaction. My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administrator of lipodissolve in my case, and/or any other medical treatment that may be necessary as a result thereof. To my knowledge, I am not pregnant at this time and will notify the physician if I think I could be pregnant.

I fully understand that there are alternative treatments available for the reduction of sub dermal fat and cellulite. The following are a list of alternative treatments available, however, this list is not in any way considered conclusive of all other available treatments: Liposuction, ultra sound, low level laser treatment, endermology, and radio frequency.

I have been informed of the fact that my insurance company will consider lipodissolve as a cosmetic service and reimbursement would be denied.

Patient's Name (Printed or Typed)

Address

Patient's Name (Signature)

City / State / Zip

Date of Birth

Date Signed