

## **Patient Consent and Before and After care for “Heat Sculpt” and “Magnetic Muscle Toning”**

### **Preparation and Expectations:**

- We encourage patients to dress comfortably, in loose or stretchy clothing. You may perspire, so ask us for a gown if you perspire easily. If applicable, wear a wireless or sports bra. Inform us if you need a blanket or fan.
- You will need to remove almost all jewelry for this treatment and lay down to relax on a padded treatment table.
- Be sure to drink 8-10 cups of water daily for 48 hours before and continue for 6 weeks after your last session.
- We will be placing paddles on the treatment area and increase the energy as you get used to the treatment. Patients usually feel some warmth in the area for a few hours.
- Inform us if you feel excessive heat or discomfort so we can adjust treatment.
- You can resume your normal life right away. You should massage the treated area for a couple minutes twice a day, to assist drainage and reduce any nodules that may transiently be felt as fat is destroyed.

### **Side effects:**

- Transient redness and minor swelling over the treated area that self resolves in less than 30 minutes.
- Risks include but are not limited to: redness, edema from over heating, tissue tenderness, nodules, bruising, intense heat, and rarely blisters and burns. Injury can occur from unknown causes.

### **Not for You or Cautions:**

- if you are pregnant, have active collagen or vascular disease, or uncontrolled autoimmune or medical condition, have a pacemaker or internal defibrillator, or internal wires left after catherization
- used Isotretinoin, used (Accutane) in the past 6 to 12 months, or have a skin cancer, nerve insensitivity, or chronic skin condition in the area.
- have large dental metallic prosthetic implants, large metal plate, uterus with a metal IUD (we keep 5 inches away from implanted hormone pellets).
- This procedure is not used as a weight loss treatment.

### **Consent:**

I understand that I need to complete the series of treatments to achieve the best results. I am aware of other treatment options, surgery or no treatment at all. There is no guarantee of results or refunds. I understand that results vary from person to person and an exact result cannot be predicted. My questions have been answered, I understand the risks, complications, expected results, and expense of the treatments. I have read and understand this document and give my consent to receive treatment. Please inform us if you decline photographs, measurement or being weighted to document the changes.

We are excited to offer this technology to our patients as a safer, more pain-free, more effective and economical alternative to reducing fat cells and improving body contours.

Patient Signature: X \_\_\_\_\_ DOB: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_