

# Patient Consent Form For VASER Shape MCI

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Pregnant \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Chief Complaint \_\_\_\_\_

Allergies \_\_\_\_\_

Chief Complaint \_\_\_\_\_

I hereby authorize and direct any associates or assistants of Skin Health Experts Medical Corporation to perform VASER Shape MCI treatment on me. The MCI System delivers a non-invasive treatment that uses therapeutic massage and the combined action of two low-frequency ultrasound heads cross-sectioned onto the area being treated. This advanced ultrasound handpiece is placed over the skin so that the deep penetrating action of the ultrasound is concentrated onto the affected tissue only, offering a treatment that is both effective and safe. A lymphatic drainage massage is performed post ultrasound to help eliminate excess liquids produced by the treatment. With the same handpiece, the lymph nodes are opened prior to drainage, thus allowing the elimination of toxins in the interstitial spaces caused by the action of the ultrasound. The MCI System therapeutic massage function is indicated for temporary relief of minor muscle aches and pains; relief of muscle spasms; temporary improvement of local blood circulation; and temporary reduction in the appearance of cellulite. The MCI System ultrasonic diathermy function is indicated for relief of pain, treatment of muscle spasms, and treatment of joint contractures. The MCI System is not indicated of the treatment of malignancies.

**The MCI™ System should not be used on you if you have any of the following conditions:**

Thrombo phlebitis, diabetes, phlebitis epilepsy, cardiac problems, tuberculosis, pacemakers), metal or myoelectric prosthesis, Endocrine syndromes Hematologic (blood) problems, (anemia, leucosis, etc.), Thyroid hyperfunction, Any type of hemorrhagic (bleeding) status, Skin infections, mycosis, high blood pressure, Varicose veins, hepatic or kidney insufficiency, implanted deep brain stimulation system, high cholesterol. The System should not be used: Over or near bone growth centers until bone growth is complete, in an area of the body where a malignancy is known to be present, over a healing fracture, over eyes or ears, over the pregnant uterus, individuals with vascular disease where the blood supply would be unable to follow the increase in metabolic demand and tissue necrosis might result, over an area of the spinal cord following a laminectomy, or over numb areas.

*If you are not sure whether or not you have any of the conditions or fall into any of the categories below, be sure to ask your nurse/physician to clarify the answer for you before signing this Consent.*

**ALTERNATIVE TREATMENT**

Alternative forms of management of the condition or conditions being treated may include diet and exercise regimens which may be of benefit in the overall appearance of cellulite, and both over-the-counter and prescription drugs, as well as mild heat therapy and certain types of physical therapy or massage, which may provide temporary relief of minor muscle aches and pains, muscle spasms, and joint contractures, and temporarily improve local blood circulation. Certain of these conditions may be relieved or improved through surgery, which carries with it risks and potential complications. An alternative you should consider is to have no treatment at all.

Renew Skin. Restore Health. Deliver Results.

# Patient Consent Form For VASER Shape MCI

## RISKS AND SIDE EFFECTS

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved with treatment with the VASER MCI System. Majority of patients do not experience these complications, you should discuss each of them with your clinician to make sure you understand the risks, potential complications, and consequences of treatment.

**Allergic Reactions:** Rarely, local allergies to certain fragrances in oil used on your skin during the treatment may trigger an allergic reaction.

**Asymmetry:** Due to factors such as skin tone, appearance of cellulite, and muscle tone, which can contribute to normal asymmetry in body features, it may not be possible to achieve symmetrical body appearance.

**Change in Skin and Skin Sensation:** A temporary decrease in skin sensation may occur following treatment, which usually resolves over a period of time. Diminished or complete loss of skin sensation that does not totally resolve could potentially occur, as it infrequently has if treatment is carried out in conjunction with lipoplasty surgery.

**Chronic Pain:** Chronic pain and discomfort following treatment with is unusual.

**Infection:** Infection is unusual following this type of procedure. Should an infection occur, treatment including antibiotics or may be necessary.

**Long-term Effects:** Subsequent alterations in body contour may occur as a result of aging, weight loss or gain, pregnancy, or other circumstances not related to treatment with the MCI System.

**Bruising and/or Swelling:** Although treatment with the MCI System typically propagates or eliminates bruising and swelling normally resulting from lipoplasty procedures, it is possible that bruising and/or swelling could occur as a result of treatment with the MCI System and, in rare situations, persist for an extended period of time.

**The following points have been discussed with me:**

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not performed.
- The most likely possible complications/risks involved with the proposed procedure and subsequent healing period, including, but not limited to, infection, scarring, blistering and pigment changes.
- Photographs will be taken and may be used for educational purposes.
- Post treatment instructions.

## ACKNOWLEDGMENTS

I understand and acknowledge that payments for this procedure are non-refundable.

By my signature below, I certify that I have read and fully understand the contents of this permission form for VASER Shape MCI and that the disclosures referred to herein were made to me.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

RN Signature \_\_\_\_\_ Date \_\_\_\_\_

MD/NP Signature \_\_\_\_\_ Date \_\_\_\_\_