

Avante Laser at Urban Retreat
INFORMED CONSENT FOR MESOTHERAPY

Pioneered by the French physician, Dr. Michel Pistor, mesotherapy is a non-surgical injection technique with a broad range of applications. Mesotherapy promotes the body's circulatory, lymphatic, and immune systems to create a biological response. Mesotherapy involves the injection of a customized mixture of ingredients placed just millimeters under the skin. Mesotherapy is used for cosmetic purposes such as spot fat reduction, cellulite reduction, lipoma removal, and face and neck rejuvenation.

I have been informed of possible risks and side effects of mesotherapy including but not limited to bruising, swelling, redness, localized tenderness, itching, prickling sensation, irritation, discomfort, and bleeding at the site. Some of these conditions may last up to one week (longer in some cases) and can be experienced in the normal course of mesotherapy treatments. Rare but reported risks include infection, allergic reactions and small nodules that usually disappear in two or three weeks. I understand the nature of the proposed procedure and the risks and side effects have been explained to me. I understand that I may terminate treatment at anytime. _____ (initial here)

Optimal results will be seen if I do not smoke, avoid excessive alcohol, maintain optimal oral hydration and anti-oxidant nutrition and follow a healthy nutritional plan. I understand that the treatment is most successful if I exercise regularly and avoid weight gain during the course of treatment. _____ (initial here)

I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through my conversations with the treating physician, and through materials provided to me by the office to educate me about the treatment. I understand that there have been no warranties, assurances or guarantees of successful treatment made to me. _____ (initial here)

Women Only: To my knowledge, I am not pregnant at this time and I will notify the physician if I think I could be pregnant. _____ (initial here)

I have been informed that my health insurance company (including Medicare and Champus) will likely consider mesotherapy a cosmetic service and reimbursement may be denied. I understand that Avante at Urban Retreat does not accept insurance for mesotherapy and that refunds are not made once treatment begins. _____ (initial here)

I understand that certain medical conditions may prohibit me from receiving mesotherapy treatments. Blood tests may be required prior to treatment. In addition, and at the discretion of the Medical Director, a current EKG may be required before mesotherapy treatments are permitted. If the Medical Director notes an abnormality on any screening lab work or EKG, she will discuss this with me prior to treatment and will require that I seek medical attention from my primary care physician. _____ (initial here)

I understand that, while each ingredient used in mesotherapy is FDA approved, the use of these ingredients for mesotherapy is currently “off-label” and not specifically approved by the FDA for this purpose. I understand that physicians are allowed to use a medication for any purpose they feel it will be effective, regardless of FDA indications.
_____ (initial here)

I understand and consent to have each mesotherapy treatment area on my body anonymously photographed at each visit for the purpose of documenting fat loss, cellulite removal, and skin enhancement or for any other reason. _____ (initial here)

I give permission for said photographs to be used, **without disclosing my identity**, for training, educational and promotion purposes. _____ (initial here)

I have been provided a copy of the “Mesotherapy Instructions.” _____ (initial here)

I understand that additional charges will be made if I elect to have additional treatments after the number of treatments in my initial package purchase. _____ (initial here)

DATE: _____

PATIENTS NAME (PLEASE PRINT)

ADDRESS

PATIENT SIGNATURE

CITY/STATE/ZIP CODE

DATE OF BIRTH

TELEPHONE NUMBER