

# MedWave

## Informed Consent and Release of Liability Form

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB \_\_\_\_\_

### **Program and Background**

You have requested treatment utilizing MedWave therapy. This treatment is the application of a 635nm and 880nm light, which causes fat within the adipose (fat) cell to leave and accumulate in the interstitial space. This excess fat is removed by the body's lymphatic system and excreted without negative side effects or downtime. Any medical or cosmetic procedure carries risks, complications and varied results. The purpose of this document is to inform of the nature of this product and its risk.

### **Procedure**

Initially you will consult with a MedWave therapist to determine if you are a candidate for the LED therapy. You will have the opportunity to ask questions or voice concerns you may have regarding this treatment. If it is determined you are a candidate for this procedure, then paperwork, measurements, pre and post treatment photos (upon your approval) and suggested course of treatment will be given. The treatment is administered by placing a MedWave light beam over the desired area(s) to be treated. Most patients will need a minimum of 9 – 12 treatments for the MedWave therapy to achieve its desired effect. This treatment should be used in conjunction with a healthy diet and exercise. You should consult a health care professional before beginning any new exercise program to determine if your body is physically able.

### **Risks/Discomfort**

This treatment is non-invasive. During treatment there should be no discomfort. The client may feel the warmth of the light. MedWave is suitable for anyone over 18 who does not have any of the following issues:

Pregnancy, Breast Feeding, Recent Cancer, Heart Disease, Pacemaker, Metal Pins or Plates.

### **Benefits**

MedWave has become more prominent and has been used in many studies for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction. The potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, flanks, and thighs. In clinical trials patients have averaged 2-5cm lost from their stomach, hips, and thighs. These results vary and no guarantee is implied or suggested that desired results will be achieved.

### **Voluntary Cosmetic Procedure**

\_\_\_\_\_(Initial) I understand that this is a strictly voluntary cosmetic procedure. No treatment is necessary or required and MedWave therapy has been chosen by myself (the client).

\_\_\_\_\_(Initial) I have been informed of the potential risks and side effects of MedWave including but not limited to redness, swelling, heat sensitivity, pain, increase bowel movements and increased urination. The risks, potential damages and adverse side effects have been explained to me and I fully understand them.

\_\_\_\_\_(Initial) I understand that a minimum of 9 - 12 treatments is required to achieve results at an average BMI of 25 to 30. A BMI of over 30 (which is considered in the obese range) requires a specific strategy moving forward with the minimum recommendation of 24 + treatments. Each body is different and may require more or less treatments depending on the client's diet, exercise, metabolism and body type. I understand the treatment is most successful if I also maintain a healthy diet and commit to an exercise program.

\_\_\_\_\_(Initial) I know that if after the treatment program I gain weight, the results of the MedWave may be reversed.

\_\_\_\_\_(Initial) I understand that no guarantee has been given as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure. If at any time during the MedWave procedure I experience pain or discomfort of any kind, I agree to inform the staff immediately and/ or terminate the session at my discretion.

\_\_\_\_\_(Initial) I duly authorize technicians to perform the procedure for the purpose of body contouring, lymphatic drainage, improvement of cellulite and skin tightening. I am aware that clinical results may vary depending on individual factors, medical history, patient compliance with pre/post treatment instructions, and individual response to treatment. If I do not make an effort to address my diet and exercise, the results achieved may not be retained.

\_\_\_\_\_(Initial) I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority to perform the described treatment. The purpose of this procedure, risks, complications, alternative methods of treatment have been fully explained to my satisfaction. Cosmetic indications for these procedures include but are not limited to cellulite reduction, treatment of problem fat areas, skin tightening, and skin rejuvenation. Increased redness to the area for up to 12 hours may be experienced (although this is unlikely). Normal activities may be resumed following the treatment. Any photos taken will be used to show the clients progress and may be used in marketing ads.

#### **Questions and Explanations**

By signing below, you certify that this procedure has been explained to you and that you have been fully informed of the nature and purpose of the MedWave procedure, expected outcomes and possible complications, and understand that no guarantee can be given as to the final results obtained. You are fully aware that your condition is of a cosmetic concern and that the decision to proceed is solely based upon your expressed desire to do so. You are aware that MedWave may/can cause slight hypo/hyper-pigmentation of the skin and treatment is taken at your own risk (tattoo areas should be avoided). Any further questions can be directed to a MedWave Specialist. Furthermore, you are of lawful age and legally competent to sign this aforementioned release, and that you understand the terms herein is contractual and not a mere recital; You have signed this document of your own free will.

#### **Whole Body Vibration Plate Exercise Risks**

Whole Body Vibration Plate Machines are scientifically calibrated exercise machines designed to force your muscles to stretch and contract rapidly in small increments, replicating the same action which occurs during traditional exercising. Vibration exercises use your body weight and gravity to it's fullest potential. Please do not use a whole body vibration plate or any other exercise device without getting approval from your doctor.

The device is not recommended if you are: pregnant, diabetic with complications such as neuropathy or retinal damage, have a pacemaker, recently underwent surgery, suffer from Epilepsy or Migraines, have herniated disks, spondylolisthesis, spondylolysis, have cancer or tumors, have recent joint replacements, have metal pins or plates, or have any other concerns about your physical health. These contra-indications do not mean that you are not able to use a vibration or other exercise device, but it is recommended that you consult your physician first.

\_\_\_\_\_(Initial) I understand that using a whole body vibration machine workout is a strictly voluntary physical activity chosen by myself (the client). If at any time I experience pain or discomfort of any kind, I agree to inform the staff immediately and/or terminate the exercise.

