

CoolSculpting Treatment Consent Form



Thank you for choosing Spa 35 as your cosmetic service provider! The Spa 35 team wants your CoolSculpting® non-invasive fat removal experience to be as effective as possible with the lowest possible risks. In order to provide you with a great treatment it is important you fully review and follow the instructions in this document.

You can find additional information about CoolSculpting® and other Spa 35 services on our website located at: <http://spa35.com>. Be sure to ask your provider about our **customer referral program** to save money on future Spa 35 services.

After your CoolSculpting® procedure the Spa 35 team would like feedback on the service you received. Our desire is to ensure every patient attain their goals and your expectations are achieved or exceeded. Please contact us in a way most convenient for you to let us know how you felt about your service and how we could be even better.

The CoolSculpting® procedure uses a non-invasive vacuum applicator to draw in tissue and deliver controlled cooling at the surface of the skin. The procedure is for spot reduction of fat. It is not a weight-loss solution and it does not replace traditional methods such as liposuction. Someone who is overweight can expect to see less visible improvement than someone who has smaller fat deposits. Clinical studies have shown that CoolSculpting will naturally remove fat cells but, as with most procedures, visible results will vary from person to person.

Initial: _____

What you can expect:

» The suction pressure may cause sensations of deep pulling, tugging and pinching. You may experience intense stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb.

Initial: _____

» The treated area may look or feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur. You may feel a sense of nausea or dizziness as your body naturally warms and sensation returns to your treatment area. These are all normal reactions that typically resolve within minutes.

Initial: _____

» Bruising, swelling, and tenderness can occur in the treated area and it may appear red for a few hours after the applicator is removed.

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- » You may feel a dulling of sensation in the treated area that can last for several weeks after your procedure. Other changes – including deep itching, tingling, numbness, tenderness to the touch, pain in the treated area, strong cramping, muscle spasms, aching and/or soreness – also have been reported after a CoolSculpting treatment.
Initial: _____
- » Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. Contact us immediately if any unusual side effects occur or if symptoms worsen over time.
Initial: _____
- » You may start to see changes as early as three weeks after CoolSculpting, and you will experience the most dramatic results after one to three months. Your body will continue naturally to process the injured fat cells from your body for approximately four months after your procedure.
Initial: _____
- » You may decide that additional treatments are needed to reach your desired outcome.
Initial: _____
- » In rare cases, patients have experienced vasovagal symptoms during the treatment, and reported freeze burn, darker skin color, hardness, discrete nodules or enlargement of the treatment area. Surgical intervention may be required to correct the enlargement. I understand that these and other unknown side effects may also occur.
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Do you have any of the following? :

- » Cryoglobulinemia or paroxysmal cold hemoglobinuria Yes / No
- » Known sensitivity to cold such as cold urticaria or Raynaud’s disease Yes / No
- » Impaired peripheral circulation in the area to be treated Yes / No
- » Neuropathic disorders such as post-herpetic neuralgia or diabetic neuropathy Yes / No
- » Impaired skin sensation Yes / No
- » Open or infected wounds Yes / No
- » Bleeding disorders or concomitant use of blood thinners Yes / No
- » Recent surgery or scar tissue in the area to be treated Yes / No
- » A hernia or history of hernia in the area to be treated Yes / No
- » Skin conditions such as eczema, dermatitis, or rashes Yes / No
- » Pregnancy or lactation Yes / No
- » Any active implanted devices such as pacemakers and defibrillators Yes / No

Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all identifying marks will be cropped or removed.

Initial: _____

If you have any questions or concerns, please contact Spa35. The number is (208) 367-0700, email is beterskin@spa35.com. After normal hours you may call (208) 991-0582 with questions regarding a treatment you received.

As with most medical procedures, there are risks and side effects. These have been explained to me in detail. I have read the above information, and I give my consent to be treated with CoolSculpting® by Lori Rishel FNP and/or her designated staff.

Print.Name: _____ Signature: _____ Date: _____

Witness-Print.Name: _____ Signature: _____ Date: _____