

## Laser Body Sculpting (Zerona) Informed Consent

### Zerona – Laser Fat Reduction Body Sculpting Therapy

I consent to the treatment of the Zerona Laser Body Sculpting therapy to be carried out upon myself.

The Zerona treatment allows for the use of cold laser technology for the reduction of subcutaneous fat. Exposure to said laser light causes the emulsification of fat within the fat cells that is then excreted via openings in the walls of these cells for excretion into the lymphatic system. Once excreted into this system, the emulsified fat is removed from the body using its own natural functions aided by the consumption of increased water quantities. The resulting effect is the reduction in size of targeted fat cells, which consequently, results in fat loss. The treatment procedure is performed on a massage type table and, while the laser light is never positioned near or aimed at the eyes, safety goggles are available upon request. Average treatments are completed in 40 minutes with 20 minutes lying face up and the remaining time while face down.

### Contraindications:

Treatment is not recommended for patients who are pregnant or nursing, currently undergoing chemotherapy or taking medication that would cause any type of photosensitivity to light.

**Precautions:** This therapy treatment may not be as effective on patients with diabetes or thyroid disorders where the metabolic system is potentially impaired. While there is no current clinic data to support any risk, patients with pacemakers may not be suitable for this treatment. Consultation with the patient's cardiologist or primary doctor is advised prior to treatment. There are no known detrimental risks, but potential unknown risks may exist.

### **I have been informed about the treatment, procedure, indications, expected results and precautions.**

Although the results are usually dramatic I have been informed that no guarantees can be or have been made concerning the expected results in my case.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons. I am also aware of and accept the risk of unforeseen complications that may not have been discussed and which may result from this treatment.

*I acknowledge my obligation to follow the instructions closely and visit the office as directed. I certify that I have read the above consent agreement and fully understand it. These items have been reviewed and discussed with the doctor, and/or his representative, and all my questions have been answered to my satisfaction. I also agree to hold harmless and release from any liability Eastern Medical Health Group or any of its officers, directors and / or employees for any condition or result, known or unknown that may arise as a result of any treatment that I receive.*

**I understand and agree to the terms, policies and guarantees stated above.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_