

Informed Consent for ZWave Treatment

Customer's name:

Date:

Treatment sites: _____

PURPOSE: The purpose of this procedure is to reduce the appearance of cellulite in the areas indicated above. The procedure requires more than one treatment and may produce reduction in the appearance of cellulite. The total number of treatments will vary between individuals. On occasion there are patients that do not respond to treatments so the outcome cannot be guaranteed.

RADIAL PULSE THERAPY is a non-invasive procedure with limited risks and side effects. Some patients reported minor redness and bruising from the treatment that normally resolves within a few days.

OFF LABEL USE: The Zimmer ZWave has been cleared by the FDA for the temporary reduction in the appearance of cellulite. It is also being used in place of manual massage following selected aesthetic procedures. This use is not yet approved by the FDA and is termed "off label use".

PREGNANCY: I am not pregnant _____ Initial

If I experience any pain or discomfort during the session, I will immediately communicate that to the clinician so the treatment can be modified or halted.

ACKNOWLEDGMENT: My questions regarding the procedure have been answered satisfactorily. I understand the procedure and accept the risks. I hereby release (individual) and (facility) and (doctor) from all liabilities associated with the above indicated procedure.

Client Signature

Date

Clinician Signature

Date