



Name _____ DOB _____

The CoolSculpting® procedure uses a non-invasive vacuum applicator to draw in tissue and deliver controlled cooling at the surface of the skin.

I understand 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.

I understand the suction pressure may cause sensations of deep pulling, tugging, pinching, intense stinging, tingling, itching, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb.

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

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

I understand I may start to see changes as early as three weeks after CoolSculpting, and the most dramatic results after one to three months. Body will continue naturally to process the injured fat cells from your body for approximately four months after your procedure.

I understand additional treatments are needed to reach desired outcome. 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.

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 Dr. Maryam Bornaei DNP and her designated staff.

I give Royal Medical Health permission to use my email for educational and promotional purposes.

By signing this consent, I hereby voluntarily consent to treatment with CoolSculpting. The procedure has been fully explained to me. I have read the above and understood it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history medications or my physical conditions, I will notify the Royal Medical Health provider who treated me, immediately. I also state that I read and write in English.

I have answered these questions truthfully. I have viewed the Privacy Policy. I give permission to leave detailed messages, fax or e-mail information regarding my care, and/or discuss my medical care with specific family and/or friends, or other healthcare professional when is necessary. I understand that I am granting a waiver of my privacy rights under HIPAA. If I decide to change these instructions, I will notify Royal Medical Health provider in writing as soon as possible. If I have given my email address above, I understand that email is not privacy protected.

Patient Signature: _____ Date _____