



## Consent for Mesotherapy-Lipodissolve/Kybella

I understand that Mesotherapy/Lipodissolve/Kybella is a cellulite treatment which involves a customized mixture of FDA-approved medications injected beneath the skin to break down cellulite and connective tissue and to improve circulation. Lipodissolve or Kybella is a form of Mesotherapy, used to reduce bothersome fatty areas. It has shown the ability to break down fat cell membranes and therefore reduce fat and fat cells. It is considered a safe alternative to liposuction. Cosmetic indications for these procedures include cellulite reduction, treatment of problem fat areas, gynecomastia, skin rejuvenation, eye pad fat reduction, facial and body sculpting. Each treatment takes approximately 15-30 minutes depending on the site, and may be used alone or in combination with other treatments. You may experience soreness and signs of inflammation after treatments, but will be able to return to normal activities.

I have been informed of potential risks and side effects of Mesotherapy/Lipodissolve/Kybella including but not limited to redness, irritation, swelling, itchiness, bruising, and/or aching. Rare but reported risks include infection, allergic reaction, and local areas of permanent fat removal.

I understand the nature of the proposed procedure. The risks and potential damages have been explained to me.

I understand that to achieve maximum results generally 4-10 treatments are needed, if a patient has small problem areas. Patients who are extremely thin may require fewer treatments, while obese patients may require more. I understand that the treatment is most successful if I maintain a healthy diet and commit to an exercise program. I know that if I gain weight, the results of the Mesotherapy/Lipodissolve/Kybella may be reversed.

I am aware that this procedure is considered cosmetic and is considered experimental and therefore will not be covered by insurance. \_\_\_\_\_(please initial)

I also agree to photographs which will be used as part of the treatment to monitor results and help in the management of the treatment. I have been candid in revealing any condition that may have a bearing on this procedure such as: liposuction, recent surgeries or health conditions, allergies, pregnancy, and any medications I am using. I understand and agree to all of the above to have this treatment. I acknowledge that I have had the opportunity to ask questions and been provided with information about the procedure prior to treatment. I am also aware that there are no guarantees with this procedure. I understand that I may terminate treatment at any time. My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the use of Mesotherapy in my case, and/or any other medical treatment that may be necessary as a result thereof.

I understand that, regardless of payment method, there will be no refunds issued for services rendered. I agree that should I have a problem of any kind whatsoever, I shall immediately notify Refine MD.

I understand that photographs will be used to track patient progress. These photographs may be used for promotional purposes anonymously.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_