



Endermologie Consent

Name: _____ DOB: _____ Date: _____

What is endermologie?

Endermologie is a non-invasive roller massage treatment used to lessen the appearance of cellulite. Cellulite is the dimpled appearance of the skin believed to be caused by the stretching of fat cells around connective tissue as well as poor circulation and lymphatic drainage. Developed in France in the 1990's, Endermologie is patented by the Food and Drug Administration (FDA) as a technology that temporarily reduces the circumferential body measurements in cellulite treated areas. Endermologie is often used as a complimentary treatment performed after liposuction (4-6 weeks) to help with body contouring by addressing swelling and water retention.

What can I expect during my treatment?

After discussing your concerns and goals with your provider, you will change into a specially designed body stocking which you purchase before your treatment. You will lay flat as the provider uses mechanical adjustable rollers to go over the areas being treated. The rollers gently suction the skin and cellulite as the provider makes several passes over the areas being treated. Blood circulation is increased by the massaging action of the rollers, promoting removal of excess fluid and toxins. You will feel the sensation of pressure as the areas being treated are "vacuumed" in between the rollers. While some patients find the treatment uncomfortable, it **should not be painful**. Most people feel these treatments are relaxing, like having a deep massage. Please let your provider know immediately if you feel pain during your treatment.

Sessions last about 30- 45 minutes and are usually scheduled twice a week. A series of treatments is recommended (usually 12-20 sessions) to see the best results. Typically, patients can begin to see results within 5-6 weeks. Monthly maintenance sessions are suggested to maintain results.

Endermologie has no down time and normal activities can be resumed right afterwards. As with any type of massage, it is important to drink plenty of fluids afterwards to help with the removal of toxins.

What are the side effects, risks and possible complications?

- Discomfort or pain from the massage rollers
- Bruising of the skin in the treated areas

Are you under the **care of a physician** at the moment? ____ Yes ____ No. If yes; please explain:

Are you currently taking any **medications or vitamins**? ____ Yes ____ No. If yes; please list: (e.g. anticoagulants, steroids)

Who should NOT have endermologie?

Because endermologie increases blood circulation, you should NOT have endermologie if you have any of the following conditions. Please check all that may apply:

- | | |
|--|--|
| <input type="checkbox"/> Cancer or malignant tumors | <input type="checkbox"/> Pregnant/Lactating |
| <input type="checkbox"/> Current illness (of any kind) | <input type="checkbox"/> Recent Scars |
| <input type="checkbox"/> Acute infections or inflammation | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Tumors | <input type="checkbox"/> Injections |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> History of Stroke |
| <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Skin Disorders (eczema, psoriasis, skin infections, vitiligo) | <input type="checkbox"/> Taking anti-coagulant (blood thinner) medications |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Inflammation (in any area of the body) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Autoimmune Disorder (Fibromyalgia, Lupus, Thyroid disease) | <input type="checkbox"/> Circulatory conditions within the past two years |
| <input type="checkbox"/> Deep Vein Thrombosis (thrombosis) | |

Informed Consent

- I have been satisfactorily informed and educated about this skin care procedure and post care instructions.
- I have had a chance to ask all of my questions regarding this treatment.
- I certify that the above information I have provided is true and correct to the best of my knowledge.
- I understand that there is no guarantee this treatment will improve my condition and that results may vary.
- I agree to follow the recommended post treatment instructions to ensure the best results from today's treatment.
- I will not hold the Vega MedSpa, its owners, or its employees responsible for the results I experience.
- I will immediately notify Vega MedSpa's providers should I have any further questions or concerns after today's treatment.
- I have read this document and understand its contents.

Client Name: _____

Client Signature: _____ Date: _____

Consent valid for 12 months

- I have reviewed the above information with the client, answered all questions, and have provided post care instructions to ensure the best possible outcome.

Clinical Staff Name: _____

Clinical Staff Signature: _____ Date: _____