

SAMPLE PATIENT CONSENT FORM

MEDICAL HISTORY AND CONSENT

CLIENT INFORMATION DATE:

NAME: D.O.B.

WEIGHT: B.M.I.: Pre-Treatment Photos Taken: □Yes □No

**ABOUT TREATMENT**

ROBOLEX technologies combine radiofrequency and ultrasound for body contouring and facial rejuvenation. ROBOLEX uses ultrasound technology that emits a frequency wave oscillating between 36 and 40 kHz to form micro bubbles. These microbubbles are able to break the fat cell membrane and liquify it. The content of the fat cell is then eliminated from the body naturally through the lymphatic system. Radiofrequency energy is delivered to the deeper layer of the tissue (dermis), stimulating new collagen and elastin production resulting in localised reduction in skin laxity and improved overall skin structure and texture.

**WHAT TO EXPECT DURING YOUR ROBOLEX TREATMENT**

* Special conductive cream will be applied to the treatment area. ROBOLEX use a combination of different handpieces on the treatment area. You will hear a buzzing sound when the ultrasound handpiece is applied to the treatment area. When a radiofrequency hand piece is applied, you will feel a warm sensation. The warm sensation can last up to several hours after the treatment.
* Overall, the treatment is not painful. ROBOLEX have been described as feeling like a warm deep-tissue massage.
* A cavitation only session is a maximum of 40 minutes per treatment, with a minimum of 10 sessions. Results are instant, and continue to improve overtime.
* The duration of a session depends upon the area being treated. A typical ROBOLEX Cellulite reduction session generally lasts for 60-90 minutes. The number of sessions needed before one sees the results varies from person to person. In most cases, cavitation results are evident after the first or second treatment. For Cellulite treatment, you may need more than 10 sessions at an interval of one treatment spaced one or two weeks. Periodic maintenance treatments are recommended following the initial treatment(s). Results will last longer if you follow a balanced diet and exercise plan.
* Vacuum Therapy may aid in reduction of cellulite, poor circulation and lymphedema. It has also been shown to slow the aging process, revitalize the skin and reduce cellulite. Research indicates that restricted blood flow is a major cause of cellulite. By stimulating microcirculation and increasing blood flow, we reduce the appearance of cellulite, creating a smoother and firmer look. Results may vary from person to person.
* The Robolex also uses Low Level (Light) Laser Therapy (LLLT) which has been used as a therapy for non-invasive body contouring and the reduction of cellulite among many other therapies. Studies have shown that LLT can lead to increased cellular energy, which improves metabolism, increased muscle recovery, the reduction of inflammation and autoimmune activity, improved sleep and appetite suppression. More importantly, LLLT has been shown to result in fat reduction by releasing triglycerides in fat cells and causing fat cell death (adipocyte apoptosis).

**CONSENT FOR ROBOLEX TREATMENT**

I DO NOT HAVE ANY OF THE FOLLOWING CONTRAINDICATIONS TO TREATMENT:

ABSOLUTE CONTRAINDICATIONS

* Intrauterine device (IUD) (excluding plastic IUD)
* Internal electrical and electronic implants or connected with the exterior with batteries or radio controlled, such as pacemaker, neurostimulators, drug dispensers, Cochlear hearing implants
* Pregnancy or lactation
* Reduced thermal sensitivity due to lack of cutaneous sensitivity
* Varicose veins
* Thrombosis risk
* Cancer
* Kidney disease
* Internal bleeding processes in acute phase
* Patients with malignant neoplasm
* People who are non-sensitive to temperature
* Infectious processes in action
* People who suffer uncompensated arthropathies
* Do not use creams with hot and cold effect
* Do not use menthol products, alcohol or products that accelerate cell regeneration (glycolic or fruit acids)

RELATIVE CONTRAINDICATIONS

* Patients undergoing de-clotting treatment
* In the first 48 hours postoperative for certain pathologies
* Metallic prosthesis carriers

By providing my signature below, I acknowledge that I have read and understood all of the information written above, as well as that contained within the information sheet. I feel that I have been adequately informed of my alternative treatment options, as well as the risks of ROBOLEX treatment. I hereby freely consent to the ROBOLEX to be performed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and authorise the taking of clinical photographs to document my clinical progress. I understand that refunds will only be provided where required under Australian Consumer Law.

□ I am over the age of 18.

PATIENT SIGNATURE: DATE:

THERAPIST SIGNATURE: DATE:

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