 

PATIENT CONSENT FORM



Doctor/Practice Name

Address

Phone

MEDICAL HISTORY AND CONSENT FOR DALYANCE

CLIENT INFORMATION DATE:

NAME: D.O.B.

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

**ABOUT Dalyance**

DALYANCE combines radiofrequency and ultrasound technologies for body contouring and facial rejuvenation. DALYANCE uses ultrasound technology that emits a frequency wave oscillating between 36 and 40 kHz to form micro bubbles. These micro bubbles 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 DALYANCE TREATMENT

* Special conductive cream will be applied to the treatment area. DALYANCE uses a combination of different hand pieces on the treatment area. You will hear a buzzing sound when ultrasound hand piece is applied on the treatment area. When radiofrequency hand piece is applied, you will feel a warm sensation. The warm sensation can last up to several hours after the treatment.
* Overall, DALYANCE treatment is not painful at all. DALYANCE has been described as feeling like a warm deep-tissue massage.
* The duration of a session depends upon the area being treated. A typical DALYANCE Cellulite reduction session generally lasts for 40-60 minutes in which multiple areas can be treated.
* The number of sessions needed before one sees the results varies from person to person. In most cases, 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.

CONSENT FOR DALYANCE 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.
* 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 prostheses 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 DALYANCE treatment. I hereby freely consent to the DALYANCE to be performed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and authorise the taking of clinical photographs to document my clinical progress.

🞏 I am over the age of 18.

PATIENT SIGNATURE: DATE:

THERAPIST SIGNATURE: DATE:

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