



**Zerona Body Contouring Laser
Consent Form**

Name: _____

What would you like to achieve with Zerona body sculpting? Focus areas?

Weight_____Height_____Do you exercise? Type?_____

Are you in good health at the present time? Yes _____ No _____

If answer is no, please explain_____

Zerona Policies and Waiver Form - Please read before initialing and signing.

You have requested to be treated with the **Zerona™** low-level laser therapy manufactured by Erchonia Medical®. In contrast to high-power, high heat lasers that are used in various medical procedures, the low level laser used for this treatment has no thermal effect on tissue. This treatment is the application of a 635nm low intensity laser, which has been shown through extensive research to cause the fat within the adipocyte (fat cell) to leave the cell and accumulate in the interstitial space around the cells. Excess fat is then removed naturally by the body’s lymphatic system and subsequently excreted. This therapy has been tested in several institutional review board approved studies in a double blind; placebo controlled fashion and found to be generally effective.

_____Initial

A. Procedure

Initially you will consult with a Body Design team member, to determine if you are a candidate for low level laser therapy. During this time period you will have the opportunity to ask questions or voice concerns you may have concerning this treatment. If it is determined you are a candidate for this procedure, there will be a few preliminary steps consisting of: paperwork and measurements. Photos for documentation can be taken if you so choose. Please bring or wear a swimsuit or bra and underwear that you are comfortable being photographed in. We request that you wear the same garments for all of your photo/measurement sessions for comparisons.

_____Initial

The treatment will be administered by aiming the Zerona’s five 635nm low level laser heads on the desired area(s) to be treated. (hips, thighs, buttocks, tummy and waist) For body contouring you will be

treated for twenty minutes on the front of the desired area to be treated. Once this initial twenty minute period has expired, you will then turn over and the back of the desired area will be treated for another twenty minutes.

_____Initial

It is recommended that a patient initially receive a minimum of six treatments for the low level laser to achieve its potential effect. For best results treatments should be scheduled 2 – 3 times per week.

You may choose to add on additional healing modalities to boost your Zerona results. These additional treatments need to be scheduled in advance.

_____Initial

This treatment should be used in conjunction with a healthy diet, moderate exercise, a specific recommended amount of daily water intake, and the possible use of a proprietary combination of supplements to enhance the uptake and elimination through the lymphatic system. If you are not currently exercising you should consult a health care professional before beginning any exercise program to determine if your body is physically able.

_____Initial

B. Risks/Discomfort

There are few risks associated with low level laser therapy. This treatment is non-invasive and uses a cold output laser. During treatment no discomfort will be present and you will not feel the laser, however the laser lights will be visible.

_____Initial

It is possible that you may not see any improvement in your body shape. There also may be unknown risks associated with low-level laser therapy. The only known or anticipated risk with the use of the laser device is long term exposure to laser light could cause damage to eyesight. You will be provided with protective eyewear that must be worn throughout the course of each treatment.

_____Initial

If at any time during the treatment I experience pain or discomfort of any kind, I agree to inform the staff immediately.

_____Initial

If you have a pacemaker, this treatment may not be right for you. It is recommended that one does not treat directly over a pacemaker or its lead wires. No known risks exist, however potential unknown risks may exist.

Please inform us if you think you are pregnant, or are unsure if you may be pregnant, as a pregnancy test may be required to proceed with treatment. Although no known detrimental risks exist, potential unknown risks may exist.

Please inform us if you have active cancer or have been in cancer remission for less than one year.

_____Initial

C. Benefits

The potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, flanks, and thighs. In clinical trials patients have averaged 3-6 inches lost from their stomach, hips, and thighs. (collectively) Results vary and no guarantee is implied or suggested that the desired results will be achieved.

_____Initial

Although the laser is very effective at causing the fat cells to release fat, it is up to the lymphatic system to carry the dissolved fat away to be eliminated. A person with impaired elimination, sluggish lymph, blocked lymphatic pathways or drainage centers or other metabolic issues may see less than dramatic results. For that reason, we cannot absolutely guarantee that all inch loss will be the same for all people. We will help you optimize your potential in every way possible so that you will see improvements over the course of your series.

_____Initial

D. Consent

I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form I grant authority for Body Design to perform the described treatment. I have stated all of my known medical conditions on the Intake Form. I have consulted an MD or other professional regarding these conditions.

The purposes of this procedure, risks, complications, alternative methods of treatment have been fully explained to my satisfaction. I have read this informed consent and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure.

_____Initial

F. Release of Liability

The undersigned hereby releases and indemnifies Body Design and holds harmless any employee, the corporation or any individual connected in any way to Body Design for any loss of personal property and/or accident causing personal injury of any nature, including reasonable attorney's fees and court costs in connection therewith.

The undersigned understands that Zerona treatments are not meant to cure any medical condition and are not meant to take the place of proper medical care by a physician.

_____Initial

CLIENT CERTIFICATION

Body Design requires all clients receiving Zerona treatments to be at least 18 years of age. By signing below I state that I am 18 years of age. I understand the information on this form and give my consent to what has been explained to me prior to signing it.

Signature of Client

Date

Body Design Member ATTESTATION: I have explained the procedure, alternatives, and risks to the person or persons whose signature is affixed below.

The client has verbally communicated to me that they understand the contents of this form.

Signature of Body Design Team Member

Date

Payments:

Payment in full is required when you schedule your Zerona session.

You may pay your account using your Visa or Master Card or Cash/check. You may pay your account with cash, check or cashier’s check.

Punctuality:

Please arrive at least 5 minutes early. All treatments will start and end on time.

Arriving late will interfere with your treatment, therefore, making the treatment not as effective or therapeutic for you. All appointments will end at their scheduled time.

Changes in Appointments:

We understand that sometimes changes are necessary regarding your treatment dates. Body Design has a 24 hour cancellation policy. We require a 24 hour advance notification in order to reschedule your appointment without charge. If you must change your appointment within 24 hours there is a \$50 re-booking charge for moving your appointment.

No Show:

If you fail to arrive for your scheduled treatment time, without having notified us you will forfeit your treatment without refund. No partial credit will be awarded.

All of these policies are necessary to keep Body Design running smoothly and for us to give you the quality care and service you deserve. We know you have a busy life, and therefore we are committed to doing everything within our ability to keep your scheduled appointments on track.

What to Wear During a Treatment:

It is recommended you bring the proper apparel for your treatment. Plan so the lasers can pass over the desired areas you wish to customize. While the Zerona can pass through a single layer of cotton clothing, it could potentially minimize or decrease the benefits of your service of 20-25% or more. If you choose to wear under garments during your sessions, please wear light colored underwear/bikini, and avoid wearing dark colored garments. Professional draping is performed throughout the duration of the service for privacy.

Eating and Drinking:

Drink plenty of water before and after all treatments. It is recommended to avoid the consumption of alcohol during your series. With the treatment you will receive, your body's lymphatic system will be working diligently to excrete the waste from the system. It would reduce the effect of the treatment if you put an increased toxic load in your body during this time. Please comply with the recommended protocol as described by the Zerona technician for best results.

Health Problems and Comfort Level:

Please notify us prior to booking treatments if you are pregnant, have a pacemaker, have allergies, high blood pressure, any other physical ailments or disabilities. This will prepare our staff far in advance to provide the best possible treatment for you.

Signature _____ Date _____

Who may we thank for referring you for Zerona treatments? _____