

## CONSENT FORM

### INFORMED CONSENT FOR ENDOSPHERES THERAPY PROCEDURES

#### **The undersigned:**

Mr./Mrs., hereinafter referred to as "**Therapist**" ....., and

Mr./Mrs., hereinafter referred to as "**Client**" .....,

upon consultation held on ....., came into mutual understanding and agreement on the following:

*The **Therapist** provided the patient with detailed information on the nature and purpose of the procedure, along with the expected results, and the potential risks and hazards involved. The whole procedure has been explained in detail. The advantages and disadvantages have been discussed.*

*The **Client** is aware of all aspects of the procedure along with possible risks and complications.*

*All client's questions about the procedure shall be addressed and answered in a satisfactory manner. The client understands that there is a possibility of rare transient side effects such as hematomas, redness, petechiae, irritations, edema, and a slight sensation of pain such as bruising and skin discoloration of the treated area. These possible adverse effects have all been fully explained to the client.*

*To avoid such effects, the client should give feedback throughout the procedure about any discomfort and unusual feeling.*

*The procedure should not be painful and if it is, it does not mean that it is more effective, but quite the opposite. Proper dosing of force and pressure is key to the effect. That is why the client's involvement and feedback during the procedure is extremely important and encouraged!*

**The Client declares that she/he has seen and been examined by a specialist and the forthcoming procedure does not pose any health risk.**

The **Client declares that** she/he has provided the most complete and accurate information about her/his health, including all known allergies or prescription drugs or products she/he is currently ingesting or using topically.

**The Client hereby consents the procedure to be performed.**

The client is fully aware of the criminal liability under Article 313 of the Penal Code for declaring false data.

**The Client declares that she/he does not have any of the following contraindications:**

- Bacterial or viral infection, inflammation, Herpes Simplex.
- Weakened immune system, autoimmune disease, sclerodermia.
- Burns, difficulty healing or sensitivity disorders in the treated area.

- Ablative / non-ablative cosmetic intervention (deep peeling/exfoliation) performed in the treatment area during the last 3 months.
- Cancer or tumor diseases.
- Risky pregnancy.
- Fever and high temperature.
- Renal or hepatic failure.
- You are currently undergoing radiation therapy.
- Pronounced edema, ascites, exudates.
- Tuberculosis.

**In case of pregnancy:**

The **Client declares** that she is aware of the restricted scope of the procedure - it is performed solely for drainage purposes, no weight loss and anti-cellulite effect is expected. The abdomen is not treated:

The **Client declares** that she is fully aware of the procedure; there is no high-risk pregnancy and pathologies, and she has voluntarily elected to undergo the procedure after consultation with a doctor who monitors her pregnancy.

The consent is valid for a course of procedures and the client is obliged to inform the therapist in case of change of her/his health condition!

**DECLARATOR /CLIENT/:** .....

/ Name, signature /

**DECLARATOR /THERAPIST/:** .....

/ Name, signature /