INFORMED CONSENT FOR MESOTHERAPY

Pioneered by the French Physician, Dr. Michel Pistor. Mesotherapy is a non-surgical, nonconventional injection technique, of a customized mixture of vitamins, amino acids, and medications, placed just millimeters in to the skin. Mesotherapy is used for cosmetic purposes such as body sculpting (elimination of localized unwanted fat) and cellulite removal.

I understand that this procedure involves using many small injections around the areas to be treated and that more than one treatment is or may be required. I am aware that the administration of topical anesthesia may be used if deemed needed. I understand that Mesotherapy has been shown to be safe.

The following points have been discussed with me:

- Potential benefits of the proposed procedure
- Probability of success. The clinical evolution of Mesotherapy data suggests that most clients achieve their goal in the treated area on average; clients see some results after 4-6 Mesotherapy sessions. A small percentage of clients may require more than the average number treatments. In order to obtain faster and better results, it is suggested to follow certain instructions given by the physician and sometimes to combine with other procedures.

- Reasonably anticipated consequences if the procedure is not performed
- Most likely possible risks involved with the proposed procedure and subsequent healing period, including but not limited to allergies, infection, scarring and/or bruising. The effects are not permanent; it takes 4-5 days to heal.

- Post treatment instruction

I am aware of the following possible experience with Mesotherapy:

- **Discomfort**: minimal pain may be experienced during Mesotherapy treatment due to actual injection and some medications cause burning section over the affected area

- **Bruising/Redness/Swelling/Inflammation/Infection**: With Mesotherapy, bruising of the area treated may occur. Additionally, there may be some swelling noted, especially after treatment puffiness. Finally, although exceedingly rare, skin infection is a possibility, whenever a skin procedure is performed. Swelling and Redness may occur as the medication starts to work.

- **Wound Healing**: Mesotherapy can result in swelling, bruising or blistering of the treated areas, which may require one week to heal.

- **Allergy**: during the healing process, there is a possibility that the treated area can become red and itchy.

- **Scarring**: scarring is a rare occurrence, but it is a possibility when the skin surface is disrupted. To minimize scarring, it is important to have an assessment before treatment.

- **Discoloration**: Although extremely rare, transient or permanent skin pigmentation changes can sometimes occur at injection sites.
ACKNOWLEDGMENT

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible risks.

I understand that the effects of the treatment with Mesotherapy are individual and vary depending on the area treated, skin type and use of different techniques and products. I am aware that no guarantee can be given as to the final obtained result.

I understand the treatment is most successful when combined with diet and exercise.

I confirm that I am not breast feeding, nor suffering any medical condition asked by the doctor and nursing staff.

I am fully aware that my condition is of cosmetic concern and the decision to undergo treatment is based solely on my expressed wish to do so.

I desire to undergo this treatment after having considered the information contained in the document, with the information provided by my treating physician and through materials provided to me by the office to educate me about the treatment.

I acknowledge that I have had the opportunity to ask any question of my physician with respect to the proposed therapy and all of my questions have been answered to my full satisfaction.

My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of Mesotherapy in my case, and/or any other medical treatment that maybe necessary as a result of thereof.

To my knowledge, I am not pregnant at this time and I will notify the physician if I think I could be pregnant. 

I understand and acknowledge that the payments for this procedure are non-refundable.

I have been informed that my insurance company will consider Mesotherapy as an experimental or investigation service and reimbursement will be denied.

I hereby authorize and direct Dr. Lilia Zamora to perform Mesotherapy treatments and any other measures which, in her opinion, may be necessary.

By my signature below, I certify that I have completely read and fully understand the contents of this consent form for Mesotherapy treatment and that the disclosures herein were made to me.

_____________________________________________   ___________________
Patient or Lawful Representative Signature      Date

_____________________________________________   ___________________
Dr. Lilia Zamora, Attending MD Signature     Date