



Lipodisolve Mesotherapy Consent Form

I, _____, voluntarily consent to undergo Mesotherapy treatments provided by ME Aesthetics or other licensed doctors, nurses, physician associates or qualified staff members employed by the practice.

I understand that Mesotherapy can be used for many reasons and I want to have treatment for the following; Reduction of localized fat of _____.

I hereby consent to the Mesotherapy treatment of which I understand that more than one (1) treatment is required. I understand that the treatment requires many small injections around the area (s) to be treated.

I understand that the administration of numbing cream may be used if deemed needed. I understand that there are some risks with any procedure.

The following is the list of possible risks with Mesotherapy: Bruising of the skin is very possible. Skin discomfort during the injections. Redness or swelling at the injection site. Lightening or darkening of the skin (transient or permanent) Itching and burning lasting 20 minutes to a few hours Scarring of the skin is unlikely. Nausea, dizziness and possible allergies to the Deoxycholic acid may occur. Skin infection is a possibility any time a surgical procedure is done.

Arnica Montana tablets will be recommended to reduce bruising, swelling and inflammation. Start taking it a minimum of 3 days prior to scheduled treatment.

By my signature, I acknowledge that I have been informed about the above medications and give consent to its use in my treatment. I know that the practice of medicine is not an exact science; therefore, no guarantee can be made as to the results of my treatments. I understand that this treatment is strictly for cosmetic purposes and will not be covered by insurance. I understand that I am responsible for all costs payable at the time of service.

By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me.

Patient's Name: _____ Patient's Signature _____ Date _____

Medical Provider: _____

Immediately after the treatment, the most commonly reported side-effects were temporary redness, bruising and swelling at the injection site.

These effects typically resolve within 5 to 10 days. Cold or ice compresses may be used immediately after treatment to reduce swelling.

Continue taking Arnica Montana up to 7 days after each treatment to decrease bruising and inflammation.

Apply 1% Hydrocortisone cream or Benadryl spray or gel on treated areas to reduce itching or redness.

To minimize bruising, avoid Aspirin, Anti-inflammatory drugs, Ginkgo biloba, Garlic, Flaxseed Oil, Vitamin E, Alcohol, spicy food, salty food and cigarettes 48 hours to 1 week after your treatment.

It is normal to feel “firmness” in the injection site first day after treatment. In some cases, a lumpy formation can be felt on the injected area. If necessary, massage area gently 2-3 times a day up to 72 hours.

Do not exercise for 24 hours after treatment. Avoid strenuous exercises, sunbathing or tanning.

Apply sun block and protect skin from sunlight.

For treatment of neck areas, sleep with head elevated (3-4 pillows), and wear some compression under chin (scarf or head band).

Call us immediately if you start experiencing these symptoms or develop any persistent side effect at 941-749-0741.

Patient's Signature _____ Date _____