INFORMED CONSENT FOR MESOTHERAPY

Pioneered by the French Physician, Dr. Michel Pistor. Mesotherapy is a non-surgical, non-conventional 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 have been informed of possible risks and side effects of mesotherapy including but not limited to bruising, irritation, discomfort and bleeding at the site. Rare but reported risk include infection and allergic reaction manifested as redness, swelling and discomfort in the injected sites. I understand that I may terminate treatment at any time.

I understand that there have been no warranties, assurances or guarantees of successful treatment made to me. 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 understand the treatment is most successful when combined with diet and exercise. 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 to 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. _______ (Patient initials)

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

SIGNATURE: ______________________________ DATE: ________________________
MESOTHERAPY

PRE & POST TREATMENTS

Who is not a candidate?

- Patients with bleeding dyscracias (i.e. Hemophiliacs, etc.)
- Patients currently on blood-thinning medications (Coumadin, Plavix, ASAs, etc.)
- Patients on insulin (i.e. Type 1 diabetics)
- Patients with severe HTN or cardiac problems
- Patients with HIV
- Patients with severe renal disease
- Patients with any debilitating condition and not deemed an appropriate candidate by the treating physician
- Patients allergic to any product to be used in their particular mesotherapy treatment
- Patients with unrealistic expectations

Pre-treatment instructions:

- Shower prior to treatment, preferably using an antibacterial soap
- Suspend use of certain vitamins 3 days prior to treatment (especially vitamin E and ginko biloba)
- Discontinue prophylactic use of ASAs or NSAIDs or corticosteroids 1 week prior to treatment
- You may apply an anesthetic gel (i.e. Emla or Betacaine) 2 hours prior to treatment to minimize discomfort
- Patient to sign an informed consent

Post-treatment instructions:

- If experiencing discomfort, use only non-inflammatory Benadryl cream or oral analgesics (i.e. acetaminophen/Tylenol)
- Do not apply any ice or anti-inflammatory topical agent to treated area
- Do not perform exercise, massage or strenuous activity for 48 hours
- Patient is to expect some burning and/or discomfort for 20 minutes after treatment.
- There may also be some lingering pain experienced for 48 hours (including point discomfort after treatment in rare occasions. In such cases, the patient is advised to use appropriate analgesic and call doctors office).
- Patient should expect some bruising to the treated area
- Patient should expect swelling over the treated area for 48 hours.
- Post eyepad treatment patients are to remain in vertical position for at least 20 minutes, and are also to sleep on 3 pillows for 2 days following the treatment. Note that swelling of the lids is to be expected for 48 hours. If pain in or around the eye develops, call doctor’s office immediately.
- Post chin and/or jowl treatment patients should expect swelling for 48 hours. Sleep with a head and chin wrap (i.e. scarf)

Remember: No ice packs or anti-inflammatory for swelling of eyes or face!