



RELEASE & CONSENT FORM

- 6-Session Zerona Cold Laser Package
- 12-Session Zerona Cold Laser Package
- 24-Session Zerona Cold Laser Package
- Sessions are valid through: _____

Name: _____
First MI Last

Date: _____

Program and Background

You have requested to be treated with the Zerona™ low-level laser therapy manufactured by Erchonia Medical®. 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. 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. Instead, the non-invasive laser helps the body absorb fat by stimulating its biological function. Excess fat is then removed naturally by the body's lymphatic system and subsequently excreted without the negative side effects and down time associated with more invasive procedures such as liposuction. 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. Any medical or cosmetic procedure carries risk, complications and varied results as to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its risks in advanced so that you can decide whether to go forward with this procedure. Non-invasive low level laser therapy has been approved by the FDA.

The Procedure

Initially you will consult with the reflexologist 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, measurements, and photos. The treatment will be administered by aiming the Zerona's five 635nm low level laser heads on the desired area(s) to be treated. There are some other options available to patients; however for body contouring you (the client) will be treated for **twenty minutes** on the front of the desired area to be treated. Once this initial twenty minute period has expired, the client will then turn over and the back of the desired area will be treated for **another twenty minutes**. It is recommended that a patient will need a minimum of six treatments for the low level laser to achieve its potential effect. This treatment should be used in conjunction with a healthy diet, exercise, and the use of Niacin (Vitamin B3). If you are not currently exercising you should consult a health care professional before beginning an exercise program to determine if your body is physically able. The use of Niacin (Vitamin B3) is recommended in conjunction with this treatment. Your primary care doctor should review your medical history to determine if the use of Niacin is right for you. ***** In conjunction with Cold Laser therapy treatments, Niacin is used to assist your body in removing the fat from your blood stream. Niacin has been known to reduce LDL- cholesterol, reduce triglycerides, and increase HDL cholesterol.**

Risks/Discomfort/Eyewear

There are very few risks associated with low level laser therapy. This treatment is non-invasive and uses a cold out-put laser. During treatment no discomfort will be present, the patient will not feel the laser, however the light will be highly visible and warmth may be felt over the treatment area. The only discomfort that may occur is if a patient is taking Niacin. Niacin is a vasodilator, and a naturally occurring flush can cause the upper extremities, face, neck, and ears to become red and itch. The only known or anticipated risk with the use of the laser device is that long-term exposure to laser light could cause damage to eyesight. You will be provided with protective eyewear and to avoid this risk, you must wear them throughout the course of your treatment.

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Pregnancy

*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. Should you become pregnant during the course of your sessions, your remaining sessions will be placed on "hold" for a period of up to one year following the date of notice. Following the expiration date, any unused sessions may not be refunded, credited or transferred at any time.

Pacemaker

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.

Benefits of cold laser treatment

Over the years, the benefits of low-level laser therapy have become more prominent. Low-level laser therapy has been used by healthcare providers for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval. 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 4.5 inches lost from their stomach, hips, and thighs. These results do vary and no guarantee is implied or suggested that desired results will be achieved.

Alternatives

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in sensitivity, effect, duration, and invasiveness include: liposuction, mesotherapy, Lipodissolve, VelasMOOTH, dieting, exercise and potential others; which may have their own risks and benefits. You acknowledge this, and realize that another option to you is to *do nothing* along the lines of treatment.

Questions

By answering truthfully below, you certify that you are over the age of 18, and have obtained medical clearance from your current healthcare provider. You also acknowledge that this procedure has been fully explained to you and your satisfaction.

- ARE YOU OVER THE AGE OF 18? YES NO
- ARE YOU PRESENTLY (OR POTENTIALLY) PREGNANT? YES NO
- ARE YOU PLANNING TO BECOME PREGNANT WITHIN THE NEXT 60 DAYS? YES NO
- ARE YOU CURRENTLY TAKING HIGH BLOOD PRESSURE MEDICATION? YES NO
- HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:
HIGH BLOOD PRESSURE, LIVER DISEASE, DIABETES, ULCERS, GOUT, ANOREXIA NERVOSA,
SKIN CANCER, PSORIASIS, OR PRUITIS? YES NO
- DO YOU HAVE ANY METAL, STAPLES OR DEVICES IMPLANTED? YES NO
- DO YOU HAVE A PACEMAKER? YES NO
- ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? YES NO

Provider's Name/Location/ Contact Numb: _____

THE ZERONA-Z6 TECHNIQUE

The transitory pore that opens in the cellular membrane of the fat cell during each treatment remains open for only 48-72 hours and releases “fat” from the pore during that time. Complete emptying of the fat cell takes approximately 14 days– so the pores must remain open during that entire 2-week period. This is why it is advised to have treatments 2-3 days apart to ensure the pores do not close– as this would prevent the fat from leaving the cell. More than 3 days between sessions will result in a slower fat-loss process– so it is strongly advised that clients only begin their treatment sessions when they are able to commit to treatment (3) times per week, for two weeks. This will allow the cycle to complete and the targeted fat cells will have released their contents during that time. Clients who wish to continue with additional sessions after seeing their initial 2-week results may do so if they still fall within the treatment parameters.

CONSENT & AUTHORIZATION

I hereby state that I am of lawful age and legally competent to sign this aforementioned release; I understand the terms herein is contractual and not a mere recital; I have signed this document of my own free act.

At *BodySlim Laser 360*, we place the highest priority on the client’s right to privacy. We recognize the added sensitivities for client’s receiving body sculpting therapy. We value your privacy, and are committed to maintaining your security and confidentiality in the use of any information you choose to share with us. We do not disclose identifiable information to any third party without your consent. Further, we do not sell, rent, or otherwise allow the unauthorized outside use of personal information such as names, addresses, phone numbers, or e-mail addresses in our database without your permission.

PHYSICIAN and or LASER TECHNICIAN/THERAPIST

I have explained the procedure, alternatives, and risks to the person or persons whose signature is affixed below. The patient has verbally communicated to me that they understand the contents of this form.

Date

Signature of Physician/Technician- (Toni R. Lorber)

PATIENT CERTIFICATION

By signing below I state that I am 18 years of age or older, or otherwise have authorized to Consent the above information. I have read or have had explained to me the contents of this form. I understand that information on this form and give my consent to what has been explained to me.

*I HAVE ALSO RECEIVED A COPY OF THE POLICY AND PROCEDURE’S

Date

Signature of Client



VISIT TRACKER

Sessions Expire: _____

Client Name _____ Date _____
First MI Last

Date: _____ / _____
Signature of Client

Your Johnston, Iowa Zerona Technician is: Toni R. Lorber 515.259.3049