

Curve Lipolaser Program

Disclaimer

The curve Lipolaser is a new innovative technology that has been designed for spot fat reduction and body contouring. Since its launch in the European and Asian markets in 2006 it has been generating significant interest and has shown to be a very effective treatment.

The Curve Lipolaser is one of the tools that we can use to help you reach your goals and the real advantage of this technology lies in the fact that we can specifically target a trouble area. Once the fats have been released from the cell they can be used by the body as a fuel source. It is therefore **critical** that the dietary and lifestyle changes are made to help support the goals of the treatment.

A reduced calorie diet and an exercise program that will help to burn approximately 350-500 calories post treatment are ideal. Individual results may vary and it is the responsibility of the patient to ensure they are doing the appropriate home care to ensure maximum results. Patients should be consuming a calorie intake equivalent to their target weight (lbs) multiplied by 10. For example a 220 lb male who wants to reach 200 lbs should be consuming a daily intake of 2000 calories. In some cases additional support may be required for lymphatic drainage to help stimulate the body to clear the fats there are released from the cell. Most patients experience a 1/2 inch reduction with each treatment and multiple inches can be lost with a series of treatments.

Patient Agreement

I, _____, in signing this agreement understand that I am beginning a series of treatments to help my goals of body contouring and spot fat reduction. I understand that individual results may vary and that I must commit to changing the dietary and lifestyle factors necessary to achieve optimal results. I understand that the first step to a positive change is creating awareness about the steps necessary to reach these goals, and will work diligently to ensure success. I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I realize there may be pre-existing medical conditions that can preclude me from seeing optimal results. By signing this agreement I release the clinic, manufacture, and distributors, from any liability regarding this treatment and do so understanding that results can vary from one individual to the next. I have read and fully understand this consent form and I realize I should not sign this form if all items have not been explained to me. My questions have been answered to my complete satisfaction. I have been urged and have been given all the time I need to read and understand this form. If you have any questions regarding the risks or hazards of the proposed treatment, or any questions concerning the proposed treatment or other possible treatments, ask your doctor now before signing this consent form. We have a no refund policy.

Signature _____ Date _____

Clinician _____