**FYI Consent form for MIT Needle Free Injections and procedures in Clinic:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to undergo Cosmetic Mesotherapy treatments at FYI Aesthetic Clinic. I understand the treatment can be used for many conditions. I want the treatment done on following:\*( please tick off the area that will be treated)

Localized Fat reduction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pigmentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellulite treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anti-ageing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firming: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pain management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sculpting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair restoration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I give consent to all Mesotherapy treatments. I acknowledge that all my concerns and questions have been answered to my satisfaction*.*
* I’ve been made aware and understand that multiple treatment sessions are required in order to obtain optimal results - these may vary in number by the area of the body being treated, and by individual. I also understand that the treatment consists of multiple tiny injections with a needle free jet injector around the area(s) to be treated.
* I’ve been made aware and do understand that the benefits of Mesotherapy will vary from person to person and results are usually slow and gradual. I agree to see my provider until treatment is concluded. I also understand that 4-5% of patients are non-responders to lipolysis.
* I understand that lipolysis is a non- surgical alternative for body contouring, it is NOT a replacement for surgery if needed. I’ve been made aware and do understand that there are several other types of treatments available to me such as, but not limited to, endermology, liposuction, and plastic surgery.
* I have been made aware and do understand that Cosmetic Lipolysis should NOT be performed in the following instances:
  + Patients with a bleeding disorder or who are on/not properly controlled anticoagulants,
  + Patients who are pregnant, could become pregnant, or are breast breastfeeding,
  + Patients who have a compromised immune system,
  + Patients with a history of stroke, recent cancer, or blood clots,
  + Patients with liver disease or serious kidney disease,
  + Patients with an active skin infection - bacterial or viral.
* I acknowledge that none of the above applies to me and that to the best of my knowledge I am in good health. I agree to fully disclose any medical condition or disease that may interfere with my treatment or may have the potential to cause harmful or a less than desirable outcome. I have been made aware and do understand that as with any medical procedure there is some risk involved. I understand that I will have temporary variable itching, redness, lumpiness, and swelling at injection sites and that these are all expected but positive signs of therapy.
* The following is a list of possible risks with Cosmetic Mesotherapy:

Skin bruising/scarring or discoloration, Skin infection, blisters, ulceration, or numbness. Temporary lumpiness, hardness, or nodule formation at the injection sites. Dizziness, nausea, and possible allergic reactions to the substances used.

* I understand and acknowledge that no guarantee has been given by anyone as to the results which may be obtained with Injection Lipolysis. I am aware that local anaesthetic can be recommended for pain management during procedures. Examples of possible side effects and complications of a local anaesthetic is: Nerve damage, damage to surrounding structures such as blood vessels, nerves and muscles. Allergy to the local anaesthetic solution. Rare risks and complications of a local anaesthetic and overdose of local anaesthetics are seizures, cardiac arrest and death.
* I understand that I will need certain post-procedure care and did receive the post-procedure in writing and verbally. I will be dutifully responsible in being strictly compliant with the recommendations from Needleless to Say that may include but not limited to ice and compression dressing, application Forever Young Industries remedies as per post care protocol Treatment after the procedure, etc. I understand that I must immediately report any unusual symptoms, known to me to Forever Young Industries ( or his/her designated on call person) and be especially aware of any slight nature or prominence of persistent chills or fever, redness or increased warmth, excessive bruising or swelling at the site of injection, fatigue, lethargy, decreased appetite, jaundice (yellowing of skin whites of eyes), dark urine, unusual sever itching or abdominal pain .
* I authorize Forever Young Industries (Pty) Ltd Aesthetic Clinic to photograph the treated areas at any point in my medical management to document my treatment progress or as is considered necessary for my medical records.
* By my signature, I attest and certify that I have read and understand the information on this form, and the disclosures listed.
* I agree that I have had sufficient opportunity for discussion and to ask questions and am going forward on my own free will.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_