



METABOLIC WEIGHTLOSS CLINIC OF OHIO, LLC  
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## **i-LIPO RELEASE AND CONSENT FORM**

### **A). Program background –**

You have requested to be treated with the Laser Lipo low-level laser therapy manufactured by Chromogenex Technologies LTD. This treatment is an application of a 650nm – 660nm low intensity laser, which has been shown through extensive research to cause the triglycerides within the fat cell to break down into free fatty acids and glycerol and release them through channels in the fat cell. The fatty acids and glycerol are then transported around the body by the lymphatic system, to tissues that will use them during metabolism to create energy. Independent clinical studies have shown i-Lipo to be, in some cases, comparable to results in liposuction. Ultrasound imagery shows up to a 30% reductions in fat layer depth after just 1 treatment. 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 advance so that you can make an informed decision whether to go forward with this procedure.

Non-invasive low level laser therapy has been approved by the FDA.

### **B). Procedure**

You will consult with the doctor to determine if you are a candidate for low level laser therapy. During this time you will have the opportunity to ask questions or voice concerns you may have concerning this treatment. There are a few preliminary steps to treatment consisting of paperwork and measurements of the treatment site. You will be required to expose the treatment area and lie down for treatment. Between 2 and 4 laser paddles will be placed on the desired area of treatment. An additional 2 paddles will be placed on lymphatic system locations depending on the treatment area.

Eight treatments of the low level laser are recommended to achieve the greatest potential effect. The treatment should be used in conjunction with a healthy diet and regular exercise. Please consult with your primary care physician to determine if exercise is healthy for you.

### **C). Risks / Discomfort**

There are few risks associated with low level laser therapy. This treatment is non-invasive and uses cold laser output. There is risk associated with the laser being directly pointed at the eyes. Protective eyewear must be worn during all times when the laser is on.

During treatment there will be no discomfort, the area being treated may feel slightly warm. You will not feel the lasers however the light will be visible. It is required that protective glasses are worn during treatment whenever the laser is on. There may be unknown risks of low level laser treatment.

#### **D). Benefits**

The benefit of this treatment is body contouring without surgery. Problem areas of excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, thighs, and flanks. Clinic trials averaged a 4.5 inch loss from their stomach, hips, and thighs. Results do vary. There is no guarantee implied nor is it suggested that the desired result will be achieved.

#### **E). Alternatives**

This is strictly voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments are available some of which include: liposuction, dieting, exercise, and potentially others. These do carry their own risks. You also have the option to do nothing.

#### **F). Questions**

By signing below you certify that this procedure has been explained to you and to your satisfaction. You may ask questions at any time prior to, during, or after treatment.

#### **G). Acknowledgement of Health Conditions**

I acknowledge that I do not have any of the following medical conditions and that if my medical history changes, I will notify Metabolic Weightloss Clinic of Ohio, LLC prior to any additional treatment.

- Pregnancy
- Any current form of cancer
- Pacemaker or Defibrillator
- Hepatitis, Alcohol Liver Disease, Cirrhosis, fatty liver disease
- History of Heart Attack
- Untreated Hypertension
- Lymph edema
- Active Autoimmune disorders
- IDDM
- Open wounds and skin irritation

You have been notified that if any of the following apply, you may not have the optimal effect:

- Type 2 Diabetes
- Epilepsy
- Tattoos
- Very dark skin
- Thyroid disorders that are untreated
- Metallic or other implants

**H). CONSENT**

I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. The purpose of this procedure, risks, complications, and alternative methods have been explained to my satisfaction. By signing this form, I grant authority to Metabolic Weightloss Clinic of Ohio, LLC to perform the described treatment.

Cosmetic indications for this procedure includes but are not limited to cellulite reduction, treatment of fat stores, skin tightening, and body sculpting. I understand that there are no guarantees as to the results that may be obtained by this treatment. I agree to wear protective eyewear at all times.

I understand that this treatment is to be used in conjunction with diet and exercise. I understand that the treatment is most successful if I also maintain a healthy diet and commit to an exercise program. If I choose to use exercise equipment provided by the clinic, I accept all responsibility for accident or injury.

I understand that a program of 8 treatments is required to achieve full results. Patients who are thin may require less treatment, while heavier patients may require more. I understand that I can only treat 1 area at a time and that once 8 treatments are complete, I must wait 2 weeks before I can begin another session of treatments.

I further state that I am at least 18 years of age and legally competent to sign this form and give consent.

We consider your privacy to be one of our highest priorities. We do not disclose identifiable information to any third party without your consent.

The undersigned hereby releases and indemnifies Metabolic Weightloss Clinic of Ohio, LLC and holds harmless its employees for any loss of personal property and/or any accident causing personal injury of any nature, regardless of how it may have occurred, including attorney fees and court costs. I accept full risk and responsibility for the use of fitness equipment on the property and hold harmless Metabolic Weightloss Clinic of Ohio, its owners, and its employees for any injury incurred during use.

**Refund Policy – No refunds will be issued once any initial treatment of any program has begun.** You have 3 days to receive a refund of payment, after payment has been made, prior to treatment rendered.

**I feel I have been sufficiently advised and have had enough time to consider the information. I hereby give consent to have this procedure. I do not have any medical condition listed above that will prevent me from doing the program and will notify Metabolic Weightloss Clinic of Ohio, LLC immediately if this changes.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**The patient has verbally communicated to me that they understand this consent form.**

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date