

AccuSculpt Consent

I understand the AccuSculpt Nd:YAG laser is an FDA cleared device. I have had time to discuss my indications and the treatment with my physician and all of my questions have been answered to my satisfaction. I have adequate knowledge of the procedure to sign and informed consent for surgery.

I understand that treatment is contraindicated in patients currently taking anti-coagulants, active skin infection, compromised immune system, impaired healing, pregnant or have serious medical problems.

I consent to the administration of anesthesia by my doctor or other qualified staff as needed during the surgery. I understand that all anesthetics involve risk of drug reactions and complications.

I understand that the AccuSculpt is a class IV Nd:YAG laser and is an instrument used to enhance conventional liposuction.

I understand that clinical results may vary depending on my response to surgery and my compliance with pre and post treatment instructions.

I also understand that possible complications and risks include scarring and atrophy to the tissue, infection, swelling and prolonged redness of the treated skin.

I consent to taking photographs and authorize their use for documentation for my medical records.

I understand and will follow the doctor's recommendations for post treatment of the areas being treated.

I understand that no guarantee has been given to me with regard to the percentage of improvement and that more than one treatment may be necessary to achieve the desired results.