



Treatment Agreement and Consent Form

I _____, duly authorize the technicians of Ambiances Wellness Spa and Wellness LLC to perform that iLipo and/or the Lipo Light procedure(s) for the purpose of spot fat reduction/ improvement of cellulite, and/or butt & breast enhancement. I am aware that clinical results may vary depending on individual factors including but not limited to medical history, client compliance with pre-care and post-care treatment instructions, and individual bodily response to treatment. I have been made aware that my diet and the amount of exercise I do will have a major effect on the results of my treatments. If I do not make an effort to address my dietary requirements and exercise I am aware that the results achieved may not be retained. I understand that laser body contouring involves a course of treatment and all sales are final. Services and treatment packages are non-refundable and non-transferable. The fee structure has been fully explained and I understand that I am required to pay for a course of treatments prior to any procedures taking place.

I am fully aware that should I wish to cancel the course the outstanding treatment value is non-refundable.

The course cost is \$_____ for _____ treatments. Individuals with any of the following conditions or not candidates for treatment with any of our body contouring lasers.

Contraindications include:

Pregnancy (within 6 months)

Epilepsy

Uncontrolled Thyroid Gland Dysfunction

Uncontrolled Hypertension

Cardiac Arrhythmias or Heart Disease

Pacemakers

Recent or current history of cancer or actively undergoing radiation or chemotherapy

Liver/kidney disease

Photosensitivity to 650 to 660nm of light

Immuno-suppressed disorders

Current infection (including viral)

Currently not on Menstrual Cycle or haven't been in the last 2 days

Individuals must refrain from the use of blood thinners, antibiotics (with-in 10days prior to treatment), steroids (3 weeks prior).

Patient Signature: _____

Date: _____

Technician Signature: _____

Date: _____

I understand that with some skin types, there is a risk of temporary redness and/or discoloration of the skin localized in the treatment area that can last up to several hours. There is also a possibility of tattoo lightening if located in the treatment area.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes, and possible complications. I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of a cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I understand that it is my personal responsibility to inform the laser technician of the clinic named above of any changes to my medical history during the course of laser body contouring treatment sessions. I confirm that should this occur, I shall advise the technician of any changes.

I certify that I have been given the opportunity to ask questions, any questions have been answered to my satisfaction, and that I have fully read and understood the contents of this consent form.

Client Signature: _____

Date: _____

Staff Initials: _____