

## INFORMED CONSENT FOR MESO FAT INJECTIONS

1. Meso Fat or mesotherapy is a non-invasive treatment that employs injections of vitamins into the hypodermis layer to obtain desired body shape and reduce fats and cellulites at specific areas.
2. Meso Fat is a procedure that injects phosphatidylcholine, which is a soybean extract, vitamins, egg yolks, and other minerals into the subcutaneous fat. These substances will dissolve fats in various parts of the body and cause them to break down and agglomerate into small molecules. These molecules will then convert into liquid fats, which are removed via urination and digestion.
3. The procedure will increase the circulation of blood and lymphatic system, causing the surrounding tissues to become stronger and firmer. The volume of injections depends on the treatment areas. For instance, 0.2-0.5 cc of injections may be used for every 1-2 square centimeters. Meso fat will be injected into the hypodermis layer from 0.1-12 mm in depth.
4. Though Mesofat or Mesotherapy are generally safe and effective treatment options like any medical procedure there are potential risks involved with the treatment risks of mesotherapy injections include bleeding or bruising deep structure injury vascular compromise infection allergic reaction asymmetry blindness numbness pain skin reaction and or unsatisfactory results with the need for touchups or other resolution options.
5. The physician will mix the medications and inject them into the treatment area. The volume of injections is 0.2-0.5 cc with a depth of 5-10 mm. Each injected area will be at least 2 cm apart and injections will be performed every 5-7 days. The number of fat cells will be reduced by 10-20% after the first injection and 50-80% after completion of the course.
6. Pregnant or nursing mothers should not have mesotherapy injections. I am currently neither pregnant, lactating, or a mother who is breast feeding.
7. I understand clinical results may vary depending on individual factors including medical history skin type compliance with pre-and post-care treatment instructions and individual responses to treatment no guarantee has been given regarding the results.
8. I consent to taking photographs to be kept as a part of my medical record pre-and post-photos obtained.
9. I recognize that when performing any medical treatment individual conditions may necessitate alterations in the treatment plan to improve the cosmetic result or to insure patient safety. I authorize ..... such procedures as are deemed necessary for my well-being including intervening in situations such as an emergency or allergic reaction.
10. I consent to the administration of topical or local anesthesia described to me by the clinician or physician. I understand there is some discomfort from injections of these mesotherapy.
11. I have reported all medical concerns and conditions and allergies listed in medical history and reviewed by clinician and MD with my knowledge.
12. I have read and understood the information on this form and questions about the procedure have been answered. My signature confirms that I am fully aware of risks and benefits, and I can consent to this procedure. I accept any of the risks listed above and would like to proceed with having ..... injections as discussed with.....

Patient Name

Patient Signature

Date

Date