



BODY SCULPTING

CLIENT CONSENT FORM

Client full name:

Date:

Treatment:

SCOPE OF PRACTICE

Body sculpting increases flow of both the lymphatic and circulatory systems, and it helps with cleaning of the tissues. Please be aware that this is not a weight loss treatment, but an inch loss. The main use of body sculpting treatments besides inch loss is diminishing of cellulite, and tightening of the skin. Eating the right types of food, proper exercise, and drinking 8 glasses of water per day are always recommended to get the most out of your treatment.

CONSENT

I, the undersigned client, have been provided with a detailed explanation of the body sculpting procedure, including its purpose, benefits, potential risks, and alternative treatments.

I understand that all medical procedures carry certain risks and potential complications and that body sculpting treatments may involve risks and side effects, including but not limited to:

- Swelling
- Bruising
- Pain or discomfort
- Numbness or changes in sensation

I acknowledge that alternative treatments or procedures may be available, and I have had the opportunity to discuss these alternatives with my healthcare provider before deciding to proceed with the body sculpting procedure.

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Client initials

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Provider initials