

INFORMED CONSENT FORM FOR LIPOLYSIS TREATMENT

Patient Name: _____

Date of Birth: _____

Date of Procedure: _____

1. Procedure Information

The proposed procedure involves the injection of a lipolysis solution (such as Lemon Bottle or similar fat-dissolving products) into targeted areas of subcutaneous fat. The goal is to reduce localized fat deposits through a series of localized injections.

2. Expected Effects and Treatment Plan

- The treatment typically requires multiple sessions spaced several weeks apart to achieve optimal results.
- Individual results may vary based on metabolism, diet, exercise, and the specific area treated.

3. Potential Risks and Side Effects

By signing below, the patient acknowledges understanding the common and potential side effects associated with injection lipolysis, which include but are not limited to:

- Temporary redness, swelling, bruising, and tenderness at the injection site.
- Localized discomfort or a warm sensation during and after the procedure.
- Numbness or altered sensation in the treated area, which is usually temporary.
- Rare risks including infection, asymmetrical results, skin irregularities, or allergic reactions to the ingredients.

4. Contraindications

The patient confirms that they do not have any of the following conditions:

- Pregnancy or current breastfeeding.
- Active skin infections or open wounds in the treatment area.
- Known allergies to any ingredients in the solution (such as Bromelain, Lecithin, or Riboflavin).

- Severe systemic diseases, uncontrolled diabetes, or autoimmune disorders.

5. Post-Treatment Care

- Drink adequate water as recommended by the practitioner to support metabolic clearance.
- Avoid strenuous exercise, extreme heat (saunas/steam rooms), and direct sun exposure for the initial 24–48 hours.
- Do not massage or manipulate the treated area unless specifically instructed by the practitioner.

6. Patient Acknowledgment and Consent

I acknowledge that I have read and understood the information provided above regarding the lipolysis treatment. The risks, benefits, and alternative options have been explained to me. I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.

I understand that this procedure is elective and that no guarantees can be made regarding the final outcome.

Patient Signature: _____ **Date:** _____

Practitioner Signature: _____ **Date:** _____