



Lipodissove Mesotherapy Consent Form

I, _____, voluntarily consent to undergo Mesotherapy treatments provided by Inda Mowett, MD or other licensed doctors, nurses, physician associates or qualified staff members employed by the practice.

I understand that Mesotherapy can be used for many reasons and I want to have treatment for the following; Reduction of localized fat of _____.

I hereby consent to the Mesotherapy treatment of which I understand that more than one (1) treatment is required. I understand that the treatment requires many small injections around the area (s) to be treated. I understand that the administration of numbing cream may be used if deemed needed.

I understand that there are some risks with any procedure. The following is the list of possible risks with Mesotherapy:

- Bruising of the skin is very possible.
- Skin discomfort during the injections.
- Redness or swelling at the injection site.
- Lightening or darkening of the skin (transient or permanent)
- Itching and burning lasting 20 minutes to a few hours
- Scarring of the skin is unlikely.
- Nausea, dizziness and possible allergies to the Deoxycholic acid may occur.
- Skin infection is a possibility any time a surgical procedure is done.

Arnica Montana tablets will be recommended to reduce bruising, swelling and inflammation. Start taking it a minimum of 3 days prior to scheduled treatment.

By my signature, I acknowledge that I have been informed about the above medications and give consent to its use in my treatment. I know that the practice of medicine is not an exact science; therefore, no guarantee can be made as to the results of my treatments. I understand that this treatment is strictly for cosmetic purposes and will not be covered by insurance. I understand that I am responsible for all costs payable at the time of service.

By my signature, I certify that I have thoroughly read and understand the contents of this form and the disclosures listed above were made to me.

Patient's Signature _____

Date _____



Mesotherapy Post-Treatment Instructions

- Immediately after the treatment, the most commonly reported side-effects were temporary redness, bruising and swelling at the injection site. These effects typically resolve within 5 to 10 days. Cold or ice compresses may be used immediately after treatment to reduce swelling.
- Continue taking Arnica Montana up to 7 days after each treatment to decrease bruising and inflammation.
- Apply 1% Hydrocortisone cream or Benadryl spray or gel on treated areas to reduce itching or redness.
- To minimize bruising, avoid Aspirin, Anti-inflammatory drugs, Ginkgo biloba, Garlic, Flaxseed Oil, Vitamin E, Alcohol, spicy food, salty food and cigarettes 48 hours to 1 week after your treatment.
- It is normal to feel “firmness” in the injection site first day after treatment. In some cases, a lumpy formation can be felt on the injected area. If necessary, massage area gently 2-3 times a day up to 72 hours.
- Do not exercise for 24 hours after treatment. Avoid strenuous exercises, sunbathing or tanning.
- Apply sun block and protect skin from sunlight.
- For treatment of neck areas, sleep with head elevated (3-4 pillows), and wear some compression under chin (scarf or head band).
- Call us immediately if you start experiencing these symptoms or develop any persistent side effect at 941-749-0741.

Patient's Signature _____

Date _____