



Z-Wave: Patient Consent for Treatment

A. Purpose and Background

- The purpose of this procedure is to reduce the appearance of cellulite in the desired treatment area. The procedure requires more than one treatment and may produce reduction in the appearance of cellulite. The total number of treatments will vary between individuals. On occasion there are patients that do not respond to treatments so the outcome cannot be guaranteed.

B. Procedure

- The Z-Wave is a safe and effective treatment that uses sound waves to reduce cellulite and improve the overall appearance and structure of the skin. The painless waves strengthen the skin's connective tissue resulting in improved elasticity and firmness. The Z-Wave treatment also assists with cell rejuvenation and improves blood circulation.

C. Risks/Discomfort

- Z-Wave is a non-invasive procedure with limited risks and side effects. Some patients reported minor redness and bruising from the treatment that normally resolves within a few days.

D. Benefits

- Z-Wave is comfortable and requires no downtime. While a series of treatments are recommended, many begin to see results after their first treatment. Z-Wave is suitable for any skin type.

E. Photography

- I understand that clinical photographs are an essential component of my medical record. Clinical photography is required by VanderVeer Center, before, during, and after treatments.

F. Alternatives

- Z-Wave is a strictly voluntary cosmetic procedure; no treatment is necessary or required.

G. Consent to Procedure

- The results of Z-Wave can be significant, however like any cosmetic procedure; there is no guarantee that you will be completely satisfied. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, that cellulite will

disappear completely or that you will not require additional treatment to achieve the results you seek. The outcome of treatment can be affected by the following factors, including but not limited to: severity of cellulite, patient age, medical history, and lifestyle choices such as smoking and exercise. Previous surgical procedures or history of trauma to the treated area may affect your outcome.

- I have provided my complete medical history and medications.
- I understand that pregnancy is a contraindication for treatment. I am not currently pregnant.
- I understand that it is important to follow aftercare instructions to maximize treatment results and minimize the chance of adverse reaction.
- I release all VanderVeer Center staff from liability associated with this procedure except for any liability that may be imposed by the laws of the state of Oregon.
- I have read and understand this consent to be treated and all of my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.
- I agree if I have any concerns regarding my Z-Wave treatment, I will contact VanderVeer Center promptly to make arrangements to be seen by a VanderVeer Center medical provider.

I elect to proceed with Z-Wave treatment.

Patient Name: _____ **Date:** _____

Patient Signature: _____