



The Aesthetic and Wellness Center, PLC
3825 State Road 64 E Suite 300 Bradenton, FL 34208 941-749-0741

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 ___ Lipodissolve or localized fat reduction of _____; ___ Cellulite Reduction of _____; ___ Meso-lift for the face and neck; ___ Meso-glow 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 topical anesthesia may be used if deemed needed.

I understand that the benefits with Mesotherapy will vary but may include: a decrease of cellulite, an increase of skin tone or a decrease of wrinkles.

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 Hyaluronidase may occur.
- Skin infection a possibility any time a surgical procedure is done.

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 _____

R. 9/11



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Mesotherapy Pre-Treatment Instructions

1. On the day of your injection therapy, do not shower for at least 4 hours prior to your scheduled appointment.
2. Do not exercise the day before or for 48 hours after the injection treatment.
- 3 Dress in loose slacks, tops, or sweat pants.
4. If possible, bring loose fitting shorts to wear during the injection procedure.
5. Eat a high protein meal at least 2 hours prior to your scheduled treatment.
6. Drink 8 to 16 oz. water 24 hours before procedure.
7. Avoid caffeine containing food or beverages.
8. Avoid medications such as: Aleve, Advil or cold remedies.
9. Stop diet medications the day of procedure.

Patient Signature

Date

R. 9/11



Mesotherapy Post-Treatment Instructions

1. Expect tenderness, redness, swelling, and a sense of weight gain (pants fit too tight) for up to 48-72 hours after treatment.
2. Continue icing if necessary for 24- 48 hours.
3. Apply Arnica gel if necessary to avoid bruising.
4. Apply 1% Hydrocortisone cream or Benadryl spray or gel on treated areas to reduce itching or redness.
5. Take only Tylenol as needed for pain. We offer a mild prescription pain reliever if discomfort persists.
6. Drink 8 to 16 oz. Water after treatment. We recommend Fiji water. It has silica, which promotes the rebuilding of collagen.
7. Do not exercise for 24 hours after treatment.
8. Notify the clinic if symptoms persist beyond 72 hours. Avoid hot showers for 48 hours.
9. For facial treatments, avoid makeup for 4 hours.
10. For treatment of neck areas, sleep with head elevated (3-4 pillows) and wear some compression under chin (scarf or head band).
11. Massage area gently 2-3 times a day up to 72 hours.
12. Continue healthy eating and exercises program.

Print Name

Date