



Pain management with KaasenPro is achieved by stimulating thermal shock in the affected area by spraying a dry vapour of carbon dioxide (CO2) at -108oF/-78oC directly onto the skin of the affected area. The skin will be cooled to less than 39oF/4oC in around 30 seconds. The affected area will be exposed to 90-second streams of vapour using a freeze-thaw technique.

The treatments are powered by cryo-stimulation – a medical treatment used for immediate pain relief to help improve mobility and aid recovery by cooling tissues to within the temperature range of 41oF/5oC to 25oF/-4 °C. The cold treatment encourages the release of hormones including noradrenaline and Beta-Endorphins which are powerful natural pain killers. Cryostimulation also reduces systemic inflammation and muscle tension and stimulates an immediate improvement in blood flow and lymphatic drainage.

Recommended Treatment Program:

- ✳ Minimum of five sessions are required for effective results.
- ✳ Effective outcome requires treatment to be carried out 2-7 days apart.
- ✳ Further top-up treatments may be required for long term effective management.

Potential Side Effects/Risks:

- ✳ Treatment may not be successful.
- ✳ Frostnip - Frostnip generally does not lead to permanent damage because only the top layers of skin are involved. However, frostnip can lead to long-term sensitivity to heat and cold.

Duration:

- ✳ Your initial appointment will be for 30 minutes.

Benefits:

- ✳ Pain relief
- ✳ Muscle relaxation
- ✳ Reduced inflammation
- ✳ Increased range of pain-free motion
- ✳ Sense of wellbeing

What to Expect:

- ✳ Only need to expose the affected area
- ✳ It'll feel chilly, but nothing too extreme!
- ✳ No down-time or recovery time needed
- ✳ Rapid easing of pain and discomfort, pain-free increased range of motion

CONTRAINDICATIONS – Before using the Kaasen Cryo Sculptor, consider the following contraindications:

1. **Pregnancy:** The Kaasen Cryo Sculptor is not suitable for pregnant individuals.
2. **Severe Circulatory Disorders:** Individuals with severe circulatory disorders should avoid using the device.
3. **Cold Hypersensitivity:** If you have cold hypersensitivity or conditions like Raynaud's disease, consult with a healthcare professional before using the Cryo Sculptor.
4. **Recent Surgical Procedures:** Avoid using the Kaasen Cryo Sculptor if you've had recent surgical procedures, especially those related to the treated areas.
5. **Nerve Damage:** If you have nerve damage or neuropathy, it's advisable to consult with a healthcare provider before using the device.
6. **Skin Sensitivity:** Individuals with extremely sensitive skin should use caution and consider spot testing before full treatment.
7. **Acute Inflammatory Skin Conditions:** Avoid use if you have acute inflammatory skin conditions such as dermatitis or eczema.
8. **Severe Edema:** Consult with a healthcare provider if you have severe edema.

The treatment area(s) I would like targeted is/are:

of Suggested Sessions/Frequency:

Anticipated Cost:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Responsible Technician's Initials: _____

Date: ____/____/____

Results are not always immediate, and some benefits will continue to develop over weeks, or even months, post-treatment. Because your body and lifestyle are unique and individual, so too will be your results. If desired outcome is *not* achieved or anticipated, we can discuss further sessions/frequency recommendations. If desired outcome *is* achieved, we can discuss future sessions/frequency for maintenance.



DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

By signing this form, I acknowledge that I have read this form and that I fully understand its contents, that I have been given ample opportunity to ask questions and that all questions have been answered satisfactorily. Further, I understand that results are not guaranteed and that I must do my part (this may include but is not limited to, maintaining a clean & healthy diet, exercising regularly, drinking water, avoiding alcohol, using sunscreen, completing the recommended/suggested localized cryotherapy sessions/frequency, etc.) to achieve the best possible results for my body.

_____	_____	____/____/____
Participant's Printed Name	Signature	Date

_____	_____	____/____/____
Participant Parent / Legal Guardian Printed Name	Signature	Date