Cavitation Consent Form

Patient Name	:	Alston Rebello				Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	test test	Date	:	2024-03-01

I duly authorize Alston Rebello to perform CAVITATION TREATMENTS.

Cavitation treatment is designed to help average to overweight men and women acquire an improved body contour. It offers an alternative to patients seeking effective reduction of localized fat deposits without surgery who wish to improve the appearance of cellulite and have a tighter, better-textured and smoother skin.

Cavitation is a non-surgical method which uses low-frequency sound waves to burst fat cells, transforming their contents into free fatty acids that are naturally disposed of by the lymphatic system.

I understand that there may be temporary side effects such possible side effects include headache, increased thirst and redness or irritation of the skin, according to some reviews.

I understand that to achieve optimal results 6 to 10 sessions are required and maintenance of one every month is needed.

I understand that the treatment involves a series of treatments and the fee structure has been fully explained to me.

I have met with the Doctor/Specialist who is overseeing my treatment and discussed the treatments and procedures.

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications.

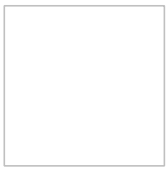
I certify that I am not pregnant or trying to become pregnant nor am I nursing at this time.

I understand no guarantee can be made as to the final results obtained.

I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

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

ggggg I consent to allow this form to be valid for all Cavitation treatments for a period of 1 year from the date on this consent.

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-03-01	Doctor Name test test - Laser (1) Date 2024-03-01

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