



SAMPLE COOLSCULPTING® TREATMENT CONSENT FORM

Patient Name: _____

Please initial to confirm your understanding and acknowledgment of each of the following:

- » The CoolSculpting procedure uses vacuum pressure to draw tissue into an applicator cup between cooling panels. The suction pressure may cause sensations of deep pulling, tugging and pinching. You also may also experience intense stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb. Initial: _____
- » Immediately after the procedure, the treated area may look or feel stiff and transient blanching (temporary whitening of the skin) may occur. You may feel a sense of nausea or dizziness as your body naturally warms and sensation returns to your treatment area. These are all normal reactions that typically resolve within minutes. Initial: _____
- » Bruising, swelling, and tenderness can occur in the treated area. In addition, the treated area may appear red for a few hours after the applicator is removed. Initial: _____
- » You may feel a dulling of sensation in the treated area that can last for several weeks after your procedure. Other changes – including deep itching, tingling, numbness, tenderness to the touch, pain in the treated area, strong cramping, muscle spasms, aching and/or soreness – also have been reported after a CoolSculpting treatment. Initial: _____
- » Patient experiences will differ. Some patients may experience a delayed onset of the previously mentioned occurrences. You should contact your physician immediately if any unusual side effects occur or if symptoms worsen over time. Initial: _____
- » Following the procedure, a gradual reduction in the thickness of the fat layer will take place. You may start to see changes as early as three weeks after CoolSculpting, and you will experience the most dramatic results after two months. Your body will continue naturally to process the injured fat cells from your body for approximately four months after your procedure. Initial: _____
- » More than one treatment may be needed, depending on the size of the treatment area and the desired outcome. Initial: _____
- » The procedure is for spot reduction of fat. It is not a weight-loss solution and it does not replace traditional methods such as liposuction. Someone who is overweight can expect to see less visible improvement than someone who has smaller fat deposits. Clinical studies have shown that CoolSculpting will naturally remove fat cells but, as with most procedures, visible results will vary from person to person. Initial: _____
- » Pictures will be obtained for medical records. If pictures are used for education and marketing purposes, all identifying marks will be cropped or removed. Initial: _____
- » As with most medical procedures, there are risks and side effects. These have been explained to me in detail. I have read the above information, and I give my consent to be treated with CoolSculpting by Dr. [insert physician name] and [his/her] designated staff.

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Disclaimer: In the U.S., non-invasive fat reduction is cleared only for the flank (love handle).

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