

INFORMED CONSENT FOR MESOTHERAPY

I have been informed of the possible risks and side effects of mesotherapy, including but not limited to bruising, irritation, discomfort and bleeding at the site. Rare but not reported risks include infection and allergic reaction manifested as redness, swelling, and discomfort in the injected sites. I understand the nature of the proposed procedure and the risks and damages have been explained to me. I also understand that I may terminate treatment at any time.

I understand that there have been no warranties, assurances or guarantees of successful treatment made to me. I desire to undergo this treatment after having considered the information contained in this document, the information provided to me through my conversations with my treating physician and through materials provided to me by the office to educate me about the treatment. I understand that treatment is most successful when combined with diet and exercise. I acknowledge that I have had the opportunity to ask questions of my physician with respect to the proposed therapy and the procedures to be utilized and all of my questions have been answered to my full satisfaction. My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of mesotherapy in my case, and/or any other medical treatment that may be necessary as a result thereof.

I hereby state that, to the best of my knowledge, I am not pregnant or nursing, nor do I have H.I.V., diabetes, heart disease, auto-immune disease, cancer, severe kidney disease or any other medical problems that I have not made Gaylen G. Hayes, D.O., aware of.

I fully understand that there are alternative treatments available for the reduction of fat and cellulite. The following are a list of alternative treatments available, however, this list is not in any way considered conclusive of all other available treatments: Face lifts, liposuction, derm-abrasion, endermologia, and facial peels.

I have been informed of the fact that my insurance company will consider mesotherapy as an "experimental or investigational" service and reimbursement will be denied. In addition, I give permission for before and after photographs to be taken of the areas treated and said photographs to be used for promotional and educational purposes by Dr. Hayes.

The possible side effects of mesotherapy have been discussed with me and I have been given the opportunity to ask questions and these questions have been answered completely to my satisfaction.

Patient's Name *(please print)*

Patient's Signature

Gaylen G. Hayes, D.O.

Witness