



Informed consent to practice Cryolipolysis

The principle of CRISTAL® is to deliver a sustained, steady and controlled cold temperature to selected adipose tissue, which is held in place through the use of suction in specially designed hand pieces. This technique leads to a reduction of fat in the targeted area. Cristal is not a weight loss solution and it does not replace traditional methods such as liposuction. An overweight patient should expect less improvement than a patient with smaller fat deposits. Clinical studies have shown that Cristal naturally destroys fat cells. However, as with many techniques, the results vary from one individual to another.

OBSERVED EFFECTS

- » The suction used to pull the targeted tissue into place can sometimes cause discomfort in the treated area. There can be a feeling of deep tightness and pinching. One may also feel intense tingling, pain or cramps early on in the treatment. These sensations generally disappear as numbness sets in from the cold.
- » The treated area may have a rigid appearance (visually and felt) following the treatment. A passing whitening of the skin might also be observed. Additionally, it is possible to experience nausea and dizziness, as your body responds to the treatment. These reactions are normal and tend to go away within minutes.
- » Bruises, swelling, and tenderness may occur on the treated area, as well as a redness of the skin that can persist for several hours after the treatment.
- » You may feel a loss of sensation in the treated area for several weeks after the treatment. Other observable changes include- severe itching, tingling, numbness, sensitivity to touch, pain within the treated area, severe cramps and painful muscle contractions. These are all of the reported side effects, following treatment with Cryolipolysis.
- » The effects differ between patients and a late onset of these effects, mentioned above, has been observed. Contact us immediately if you have side effects that are not mentioned or if symptoms persist.
- » You can begin to see results as early as three weeks after the treatment with Cryolipolysis and even better results after one to three months. Your body will continue to naturally eliminate the damaged fat cells up to four months after the treatment.
- » It is possible to perform several sessions until the desired result is reached.
- » Although rare, vagal discomfort can be observed in some patients as well as burns, brown discoloration of the skin, stiffness and hypoesthesia or deformation of the treated area. Surgery may be required for correction if this occurs.
- » I am aware of these side effects and the fact that other unknown effects may occur.



STATE IF YOU HAVE ONE OR MORE OF THE FOLLOWING CONDITIONS?

- » Patient suffering from serious illness.....Yes / No
- » Cryoglobulinemia or paroxysmic hemoglobinuria to cold.....Yes / No
- » Sensitivity to cold or Raynaud's syndrome.....Yes / No
- » Circulation problem located on the treated zone.....Yes / No
- » Neuropathic disorder or neuropathic diabetes.....Yes / No
- » Cancer.....Yes / No
- » Infections.....Yes / No
- » Pregnancy or breast feedin.....Yes / No
- » Heart disease, blood coagulation disorder.....Yes / No
- » Pacemaker or any other electronic implants fitted patient.....Yes / No
- » Ventilator user.....Yes / No
- » Patient using a portative ECG system.....Yes / No
- » Febrile patients.....Yes / No
- » Patient under treatment or showing physical abnormality.....Yes / No
- » Patient with a hernia located on the treatment area.....Yes / No
- » Any recent surgery or scars present on the treatment area.....Yes / No
- » Any C-section (within 18 months)Yes / No
- » Open or infected wound.....Yes / No
- » Patient with a skin injury or any skin disease such as eczema, dermatitis or rash
.....Yes / No

What medical problems do you have?

What medications are you on?

Do you have any allergies?

Have you had any complications from similar treatments in the past?

I confirm that my request for treatment is for medical reasons and/or restoring and maintaining health and psychological wellbeing. This includes the purpose of improving confidence/mood, concerns regarding facial ageing and interactions with others,

asymmetry or concerns/anxiety regarding my appearance? Yes ☐ No ☐

I am aware of the risks and existing side effects. I have read the information above, and agree to be treated with CRISTAL® by the Doctor, Dr. A Mansouri and her assistant(s).

Patient Name:

Patient Signature:

Date:

Witness: Dr Anahita Mansouri

Signature:

Date:

Practice: Kat & Co Aesthetics



AUTHORISATION TO USE IMAGES

Patient	Doctor
Last name : _____	Last name : <u>Mansouri</u>
Fisrt name : _____	First name : <u>Anahita</u>
Date of birth : _____	Clinic : Kat & Co Aesthetics

PURPOSE OF THE PHOTOS

The purpose of the photos is to verify the actual and visual results of the medical treatment with the CRISTAL® cryolipolysis.

TERMS OF PHOTOGRAPHY

The photograph(s) should not :

- show the model's face
- undermine the model
- show a recognizable element (i.e tatto) of the model

The photograph must :

- be taken of the treated area
- be taken with a neutral background

MODES OF USE

The model (who attests not be linked to a third party by an exclusive contract with his/her image) allows the doctor to make use of the photographs as referred to below. In case of a disagreement to one of the uses, the model will be allowed to demand the removal of his/her photo. Be aware that by not refusing any authorisation, a photograph can be used on all materials listed below:

Internal Presentations to Staff and Patients

External Presentations/Publicity/Marketing

Publications Expositions

Publicity for a Cristal® treatment

DURATION OF AUTHORISATION

This period of authorisation is granted for a period of 5 years from the date of signature.

COMMITMENT OF THE DOCTOR

The doctor is explicitly forbidden to exploit photographs of the model that are likely to infringe on the privacy or reputation of the model, nor to use the photographs in any other damaging way. The doctor should make copies of each publication available to the model upon request and encourage his partners to do the same, by making every personal effort to achieve this goal.

Signature of Patient :

Date :