

Consent for VASER Liposuction

Patient Name:

Patient ID:

DOB:

Area/s to be treated:.....

I understand that Liposuction with VASER® is an elective minimally invasive surgery procedure to remove body fat from specific area(s) of the body. The procedure has been explained to me in a way that I understand. I have had the opportunity to ask questions, and my questions have been answered. Alternative methods of treatment have been discussed with me. I acknowledge that no guarantee has been given by anyone as to the results that I may obtain.

Patient signature.....

Although a good result is expected, I understand that there are risks to the procedure or treatment proposed and these may include the following (but this list is not all inclusive):

Bleeding (with or without a haematoma), Bruising Swelling, Infection, Abscess, Allergic Reaction, Asymmetry, Numbness or tingling, Scarring (raised or stretched), Scar retraction, Seroma (fluid collection under skin), Skin burns, Dimpling, Contour Irregularities, Unevenness, Unpredictable Result, Chronic pain/discomfort, Need for re-treatment, Fat embolism, Pulmonary oedema, chest and abdominal perforation, skin discoloration (hyper/hypo pigmentation), nerve injury (weakness), Skin laxity, DVT/PE.

Patient signature.....

I consent to the administration of such anaesthetics considered necessary or advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

Patient signature.....

Having discussed the reasonable expectations of the above treatment with me and answered all of my questions to my satisfaction, I hereby authorise Dr Mike Comins and assistants to perform Vaser assisted liposuction and any other procedure(s) that in their judgement may be necessary or advisable should unforeseen circumstances arise during surgery (incl. hospitalisation and further surgery).

Patient signature.....

Consent for VASER Liposuction

With my signature below I hereby consent to having this treatment and to the above. I understand that the practice of medicine is **not** an exact science and although good results are expected there can be **no guarantee** as to the results. Touch up treatments may be required to optimise results. I understand that vaser Liposuction is a body sculpting treatment not a weight loss treatment and I understand if I put on weight after my treatment this may affect the results. Treatments taken are **not** refundable.

Patient signature.....

I confirm that I am not pregnant or breast feeding.

Patient signature.....

I have read the Hans Place Practice -Terms and Conditions and Vaser information leaflets (including; Vaser information, pre and post treatment instructions) and I shall adhere to the aftercare instructions, including manual lymphatic massage, and I understand that if I do not adhere to these instructions this may impair or affect my results. I shall also attend all the follow-up appointments as suggested and I understand that if I do not attend these appointments Hans Place Practice or Dr Mike Comins shall not be held liable for any undesirable results or consequences.

Patient signature.....

I consent to photographs being taken before and after the procedure for my medical records and I understand that Dr Mike Comins may use these for research, presentations, publication and marketing purposes. The identity of the patient shall under **no** circumstances be revealed.

Patient Name..... **Signature**.....

Date.....

I, Dr Mike Comins, certify that I or a member of my staff has discussed all of the above with the patient and that I have answered all questions regarding the Vaser Liposuction procedure. I believe the patient fully understands what I have explained and answered.

Doctor **Signature**

Date

Version 1.4.19 (updated 03/2020)

