QnA Cosmetic Surgery

148 West Pine Street
Ponchatoula, LA 70454
(985) 370-0662, Ext. 4

Consent Form Cellulaze

I request and authorize the QnA Cosmetic Surgery physician_____ to perform a cellulite reduction procedure using the Cellulaze laser system (1440-nm) on me or the person to whom I am the legal guardian. The nature and effects of the procedure, the risks, ramifications, possible complications involved, as well as alternative methods of treatments have been fully explained to me by the physician or designated staff, and I understand them.

I have been thoroughly and completely advised regarding the objectives of the procedure. I acknowledge that imperfections might ensue and that the operative result may not live up to my expectations. I certify that no guarantees have been made by anyone regarding the outcome of the procedure which I have requested and authorized. I understand that in the unlikely case where an imperfection results, the patient and the doctor will determine the necessity of a secondary procedure. Such revisions are not included in the initial surgical facility or anesthesia fee, but these fees will be billed at a lesser rate.

I understand that I may be required to wear the compression garment after my procedure.

I understand that possible adverse effects may include bleeding, infection, scarring, skin and fat tissue necrosis, skin contour irregularities, skin discoloration, purpura, asymmetry, nerve damage causing uneven facial expression, surgical shock, pulmonary complications, skin loss, hair loss at treatment area, seroma (fluid accumulation under the treated area), allergic reaction, and anesthesia-related complications. The patient must understand the importance of pre-treatment and post-treatment instructions for optimal results and that the failure to comply with these instructions may increase the possibility of complications.

I have disclosed all known medical conditions that may affect the procedure.

I understand that local and/or tumescent anesthesia is normally required when liposuction is performed. I consent to the use of local and/or tumescent anesthesia during my procedure.

Because I understand that the practice of medicine and surgery is not an exact science, no results have been guaranteed. I certify that I have read the above authorization and that the explanations referred to therein were made to my satisfaction, and I fully understand such explanations. By signing this consent, I give my authorization for Cellulaze.

I understand that I cannot operate a vehicle for 24 hours after my procedure due to sedation administered before my procedure. The driver who will pick me up after my procedure must be contacted and verified by QnA Cosmetic Surgery before sedation will be administered.

Driver's name_____ Phone #_____Alternative #_____

Alternative Driver_____ Phone #_____Alternative #_____

Signed: _____ Date: _____
(patient or person authorized to consent for the patient)

Witness: _____Date:_____