

I have discussed various surgical and non-surgical remedies for obesity like proper diet and exercise, lifestyle management, pharmacotherapy, liposuction , dermolipectomy, bariatric surgery, high intensity focaalised ultrasound lipolysis etc. I have been provided with adequate information about the alter natives and all my queries have been answered . I am satisfied with all the details provided.

I have read and understood all the information about high intensity focalised ultrasound lipolysis for fat loss treatment . I understand that it is a focused and targeted treatment of localized obesity. I do not expect drastic reduction of weight or fat. I also understand it is not a substitute to healthy eating habits and exercise. Maintenance of results obtained from the treatment is my responsibility.

I have also read and understood all the information about face treatment .after having understood all the details , advantages and disadvantages of all the options, I wish to undertake high intensity focalised ultrasound treatment /face treatment .

I hereby, fully agree to the consequences thereof if there is a lapse on my part in following the advice of the concerned health personnel. I understand that the results might vary from person to person and I shall not hold the doctor or the healthcare provider responsible for the same.

I hereby give my consent for the ultrasonic non-surgical treatment of Fat Loss/Face Treatment.

Sign of patient : _____

Sign of patient : _____

Name : _____

Name : _____

Place : _____

Place : _____

Date : _____

Date : _____