

EMSCULPT^{neo}®

Barrington Back & Body

CHIROPRACTIC & AESTHETIC REJUVENATION

PATIENT TREATMENT RECORD

Patient's name:	Date of birth:
Cell Phone:	Email:

You are scheduled for a series of non-invasive treatments with the Emsculpt Neo®.

This device is intended for non-invasive lipolysis (breakdown of fat) of the abdomen and thighs and reduction in circumference of the abdomen and thighs with Skin Type I to Skin Type VI. Emsculpt Neo is also cleared for improvement of abdominal tone, strengthening of the abdominal muscles and development of firmer abdomen. Strengthening, toning, firming of buttocks, thighs, and calves. Improvement of muscle tone and firmness, for strengthening muscles in arms. **Initials:** _____

Your treatment provider will discuss your specific treatment needs. The recommended number of treatments is 4. The treatment is typically about 20-30 minutes per session, with sessions separated by 5 to 10 days for HIFEM+RF Advance/Gentle protocol or 2-3 days for HIFEM Classic protocol. Completing a full treatment series is necessary to maximize treatment efficacy. You may need additional treatments, depending on your goals. **Initials:** _____

Before the treatment, you are not required to do anything special; however, keeping your body well hydrated is strongly recommended. On the day of the treatment, you are advised to wear comfortable clothing, allowing flexibility for correct positioning during the treatment. To avoid excessive sweating, the treated area should be shaved, or hairs in the treatment area should be trimmed before the treatment. Also, the treated area will be wiped with alcohol wipes before treatment to remove any moisture, perfume, moisturizers, or oils. You will be asked to remove all metallic accessories and electronic devices. **Initials:** _____

I acknowledge that a successful treatment outcome can be affected by smoking, excessive alcohol consumption, eating disorders, or ongoing medication. While no special diet is required, you are encouraged to eat healthy to help promote and maintain results. **Initials:** _____

The treatment does not require anesthesia. During the application, you will feel intense muscle contractions and a heating sensation in the treated area. It is important to note that you may feel an intense heating sensation during the treatment, but it should never be painful. Please ask your provider to re-adjust the intensity should you feel any pain or discomfort. The procedure doesn't require any recovery time. Typically, you can get back to your daily routine right after the treatment. **Initials:** _____

I am aware **NOT TO** wear any metallic accessories (such as jewelry, watch or clothes containing metallic threads or metallic accessories) during the treatment. I also acknowledge that I do not have any metallic or electronic implants (such as pacemakers, defibrillators, metallic IUDs, etc.). **Initials:** _____

Please answer whether you currently have or had any of the following in the past*:

- | | | |
|--|------------------------------|-----------------------------|
| ▪ Metal or electronic implants | ☐ YES | ☐ NO |
| ▪ Cardiac pacemakers, implanted defibrillators, implanted neurostimulators | ☐ YES | ☐ NO |
| ▪ Drug pumps | ☐ YES | ☐ NO |
| ▪ Pulmonary insufficiency | ☐ YES | ☐ NO |
| ▪ Injured or otherwise impaired muscles | ☐ YES | ☐ NO |
| ▪ Malignant tumor | ☐ YES | ☐ NO |
| ▪ Cardiovascular diseases | ☐ YES | ☐ NO |
| ▪ Disturbance of temperature or pain perception | ☐ YES | ☐ NO |
| ▪ Hemorrhagic conditions | ☐ YES | ☐ NO |
| ▪ Septic conditions and empyema | ☐ YES | ☐ NO |
| ▪ Acute inflammations | ☐ YES | ☐ NO |
| ▪ Systemic or local infection such as osteomyelitis and tuberculosis | ☐ YES | ☐ NO |
| ▪ Contagious skin disease | ☐ YES | ☐ NO |
| ▪ Elevated body temperature | ☐ YES | ☐ NO |
| ▪ Pregnancy, postpartum period, nursing and menstruation | ☐ YES | ☐ NO |
| ▪ Graves' disease | ☐ YES | ☐ NO |
| ▪ Metallic IUD | ☐ YES | ☐ NO |
| ▪ Recent surgical procedures (muscle contraction may disrupt the healing) | ☐ YES | ☐ NO |
| ▪ Areas of the skin which lack normal sensation | ☐ YES | ☐ NO |

If you answer YES to any of these questions, please specify:

Please answer the following:

- Have you been pregnant?
 - C-section ☐
 - Vaginal birth ☐
- Are you satisfied with the strength of your core muscles? ☐ YES ☐ NO
- Are you satisfied with the shape of your buttock? ☐ YES ☐ NO
- Are you satisfied with the tone of your arms? ☐ YES ☐ NO
- Are you satisfied with the tone of your calves? ☐ YES ☐ NO
- Are you satisfied with the appearance of your thighs? ☐ YES ☐ NO

*For the full range of contraindications, warnings, and cautions, consult your treatment provider.

Treatment considerations

- I am aware that the treatment cannot be applied over the head, heart and neck. **Initials:** _____
- I am aware that pregnancy is contraindicated, and pregnant women cannot undergo the treatment.
Initials: _____
- I am aware that as is the case with every heat-based therapy, in rare cases, burns can occur.
Initials: _____
- I am aware that the applicators should always be in direct contact with the skin. **I am aware that therapy must not be performed through clothing. Initials:** _____
- I understand that there are certain side effects associated with EMSculpt Neo treatments. The side effects may include, but are not limited to muscular pain, intramuscular fat decrease, temporary muscle spasm, temporary joint or tendon pain, local erythema, or skin redness, increased menstrual flow in female patients and panniculitis*. **Initials:** _____
- I understand that the treatment over injured or otherwise impaired muscles is contraindicated*
Initials: _____

- I understand that the treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume these risks. **Initials:** _____

- I agree to before and after treatment photographs, measurements and weighing, as this will help for medical evaluation of the results of the treatment. Information will be acquired for medical records or marketing purposes. **Initials:** _____

- I understand the results may vary from person to person and that an exact result cannot be predicted. Completing a full treatment series is necessary to maximize treatment efficacy. It is very unlikely, but it is possible that you will not feel any recognizable result after the procedure. I acknowledge the results may not meet my expectations. **Initials:** _____

- I certify that I have read this entire document and that I agree with all provisions. I certify that I have had the opportunity to ask questions and these questions have been answered in full to my satisfaction.
I fully understand the treatment conditions, the procedure, and possible side effects. **Initials:** _____

- I have read the above information, and I request and give my consent to be treated with the EMSCULPT NEO by the physician(s) in this practice and his/her designated staff. **Initials:** _____

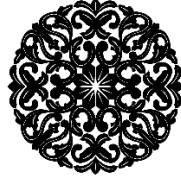
My signature below indicates that the above information is accurate and current.

Patient's signature: _____ **Date:** _____

Witness (in print): _____ **Signature:** _____ **Date:** _____

*For the full range of possible adverse effects and expected device-related treatment sequelae, consult your treatment provider.

This form is only a sample and is being provided to BTL customers solely for the purpose of encouraging BTL customers to discuss the use of such a form with their attorney. BTL Industries does not represent or warrant the legal sufficiency or enforceability of this sample consent.



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Cancellation Policy

In consideration of Barrington Back and Body, we ask that you give us 24-hour notice of any cancellation or appointment rescheduling needs.

We do understand that life happens, and not always 24 hours in advance. Because of this, we offer one [1] complimentary last-minute cancellation “pass” without incident. Any subsequent cancellations or reschedules, within the 24-hour time period before a scheduled appointment, will be subject to a \$30 cancellation fee, collected at the next appointment before treatment begins.

We thank you for your understanding in that this policy allows us to serve all clients fairly and permits us to offer openings to waitlist clients.

I hereby consent to the \$30 cancellation fee; in the event I need to cancel or reschedule within 24 hours of my scheduled appointment. This fee only applies after I have used my complimentary 1st time “pass”.

Name: _____ Date: _____

Signature: _____