**SoCal Lazer & Medi-Spa**

**8201 Newman Ave Ste 101**

**Huntington Beach, Ca 92647**

**(855)633-1772**

**BEAUTIFILL OPERATIVE CONSENT:**

**Beautifill utilizes a small cannula with an integrated laser fiber connected to a suction machine, performing simultaneous laser and suction, removing unwanted fat deposits.**

**Laser Liposuction results in reduction of treatment time, minimal body trauma (hematomas, bruising, swelling) and enhanced skin tone and texture.**

**Obesity: I understand that liposuction is NOT a surgery to lose weight.**

**Cellulite: I understand liposuction does NOT treat cellulite, a skin change characterized by irregularities and dimpling, mostly present in the abdomen and lower extremities.**

**Weight gain: The fat cells that are removed during liposuction do not return, but weight gain following liposuction can result in heaviness in other non-treated body areas.**

**I understand that fat transfer is a procedure for augmentation of volume and/or correction of a defect and that not 100% of the fat transferred will be retained after injection.**

**I agree that the area(s) to be treated by laser-liposuction is/are:**

**- Upper abdomen only - Breast Tale -Lower abdomen only - Arms -Flanks**

**- Inner Thighs - Hips - Outer Thighs - Bra-line - Mons Pubis - Upper back**

**Fat Transfer to:**

**- Buttocks - Face - Breasts - Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have had the opportunity to discuss with the surgeon the details of the operation, the alternatives of treatment, including not doing anything, the risks and complications of the surgery, and what results to expect from the surgery.**

**I understand that the surgery requires external incisions which will leave permanent scars whose locations have been described and demonstrated to me. The healed scars and their appearance may heal in a manner unknown at this time to either party.**

**I realize that every surgery involves risks including severe allergies to medications, excessive bleeding, damage to nerves, and cardio-pulmonary complications that can be fatal.**

**Specific risks to laser-liposuction and fat transfer surgeries are:**

**• Infection**

**• Bleeding**

**• Bruising**

**• Hardening beneath the skin**

**• Skin irregularities that may or may not disappear with time and may or may not need additional corrective surgery.**

**• Increase or loss of sensibility of the skin which usually corrects over time.**

**• Inappropriate wound healing --> keloid formation: a thick, hypertrophic, and unattractive scar.**

**• Poor retraction of the skin leading to loose skin**

**• Seroma formation**

**• Skin burns**

**• The most common complications associated with fat transfer include:**

**- Necrosis of grafted fat by placement of too much fatty tissue in a small area**

**- Formation of lumps and bumps**

**- Infection**

**Anesthesia:**

**• I authorize the surgeon/anesthesia provider to administer anesthesia during my procedure and I fully understand all the risks that are related to anesthesia administration during my procedure(s).**

**Photography:**

**• I understand that the use of photographs and/or video is important for the evaluation and planning of the surgery and I agree that photos and/or video be taken before, during, and after my surgery.**

**• I understand and authorize that in the case of the unrestricted use of pre- and post-operative photos, video, and/or my surgical personal experience for public relations, advertising, and internet site purposes, I will not be identified by name and that I will derive no compensation and/or benefits from their use.**

**I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees and/or assurances have been made to me concerning the results of my operation and if I am not entirely satisfied with the results of my surgery, additional surgery can be performed at an additional cost.**

**I have received all pre- and post-operative instructions and agree to read and follow them to the best of my ability, before, during, and after the surgery.**

**I compromise myself to cooperate in all aspects of the post-operative care and notify of any complications and/or unusual symptoms that may arise during the course of the recovery period.**

**By signing this consent, I certify that all the medical information gathered during the pre-operative evaluation is complete, accurate, and correct and I accept all the benefits and risks of my liposuction and/or fat transfer surgery, and I am satisfied with the explanations of the surgery given to me.**

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**Patient’s Name & Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgeon’s Signature Date**