

LASER AND WELLNESS CENTER  
**Dr. Jonathan M. Hansel**  
Chiropractic & Naturopathic Physician  
23479 SE Stark Street  
Gresham, OR 97030  
503 667 9300

## CONSENT FOR LIPODISSOLVE

The following information is intended to provide information needed to make an informed decision as to whether or not undergo injection therapy for the treatment of cellulite and/or accumulation.

Lipodissolve is the practice of using microinjections of conventional medications and/or vitamins into the subdermal (underneath) layer of the skin. This process enables healing and corrective treatment to a specific area of the body. The treatments are well tolerated by patients with a very low allergic potential. Injections into the subdermal layer will have various local effects, which include but are not limited to; increased lipolysis (fat burning), decreased lipogenesis (fat creation), vasodilation (increased blood flow), lymphatic drainage, removal of fibrosis, and nutritional support. Most of the substances used can only be administered safely to the intended site of action via intradermal or subdermal injection. Although it's not common, adverse reactions may occur with any of the injectable substances used. The effects of treatment are typically noticed after 2-4 treatments, although some patients may notice changes after the first treatment. Each patient is different and the degree of relief of symptoms will vary from person to person. As with any medical treatment there is no guarantee of results. As with any therapy there is the potential for some patients to experience side effects. Side effects are usually transient in nature, and the microinjections are generally well tolerated by patients. There is some stinging pain associated with the injection, but the treatment is fast. An analgesic gel or ice is available for patients concerned with pain, but most patients do not require such adjuncts to treatment. I understand the possible side effects of this procedure, but are not limited to; bruising, redness, pain, infection, swelling, allergies, cardiovascular changes and more or less affect than desired.

*I understand there are no guarantees or assurances regarding Lipodissolve and the procedure may not cure the condition. I also understand that there is no guarantee of 100% resolution of cellulite and fat, and there will be no refunds. (please initial) \_\_\_\_\_*

*I have read and fully understand this consent form. I understand that I should not sign this form if all my questions have not been answered to my satisfaction, or if I do not understand any of the terms or words contained in this form. My questions have been answered and I elect to undergo the procedure.*

*I agree to have Dr. Jonathan M. Hansel perform Lipodissolve treatments, whether considered standard or experimental.*