



A DIVISION OF MOBILE MOMMA

Endermologie Release Form

Patient Name: _____

Date: _____

Designed to reduce the appearance of cellulite, Endermologie is the first non-invasive device approved by the FDA specifically for this purpose. Cellulite occurs when fat cells protrude from around the connective tissue that attaches skin to muscle-and tends to develop in almost 90% of women at some point. Before Endermologie, cellulite treatments generally met with mixed reactions: many people swear by creams and special diets, while doctors insisted that those products do not produce actual results. The latest craze in cellulite treatment is Endermologie, the brand name for a type of roller massage therapy that has been clinically proven to reduce and even erase the signs of cellulite.

Endermologie uses mechanical roller and regulated suction to create symmetrical skin folds, temporarily stimulating circulation to the area. Each Endermologie treatment lasts 30 to 45 minutes, and patients typically need a dozen or more treatments for visible results. After the desired effect is achieved, the patient will need to maintain the effects of the cellulite treatment with additional Endermologie sessions at less frequent intervals. Because this cellulite treatment addresses only the appearance of cellulite, and not the root causes, bumps and dimples may reappear in the months after Endermologie treatments cease unless maintenance sessions are performed.

The long-term results of this noninvasive treatment have not been established, but Endermologie has been used as a method of cellulite treatment since 1996 in the United States, and users claim that it can also be used to soften burn scars and connective tissue. When Endermologie is used in order to treat the appearance of cellulite, it is often combined with liposuction to improve results. Because Endermologie is, in fact, able to improve the appearance of cellulite, its popularity

continues to grow, and the treatment is now widely available, with many cosmetic surgeons offering the service in their clinics or offices.

I, _____ hereby understand the Endermologie treatments and I hereby release Momma's Medispa D/B/A Momma's Health and Wellness, her agents, representatives and/or affiliates from any and all claims whatsoever which may arise from, directly or indirectly, my Endermologie treatments. I consent to receive Endermologie treatments and I understand that there are no guarantees as to the outcome from this/these treatment(s).

With my consent, Momma's may use protected health information about me to carry out treatment. I authorize them to call or send mail to my designated location(s).

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. I request the performance of the procedure(s) described above.

Patient Signature: _____

Date: _____

I have explained the above statements to the patient and answered all questions. Physician/

Clinical Staff Signature: _____

Date: _____